

Case Number:	CM15-0224622		
Date Assigned:	11/23/2015	Date of Injury:	06/12/1997
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on 6-12-1997. The medical records indicate that the injured worker is undergoing treatment for lumbar pain, lumbar spondylosis, and status post lumbar fusion. According to the progress report dated 10-27-2015, the injured worker presented with complaints of low back and leg pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles, loss of sensation to light touch in the L5 distribution on the left, positive facet test, and positive straight leg raise test on the left. The current medications are Percocet, Dilaudid, and Soma. Previous diagnostic studies include MRI of the lumbar spine (12-17-2015). The treating physician describes the MRI as "grade 2 anterolisthesis of L5 on S1. There is moderately severe bilateral neuroforaminal narrowing at the L5-S1 level with suspected contact and impingement on the exiting L5 nerve roots. There is mild bilateral neuroforaminal narrowing from L1-2 to L3-4. There is chronic mild-to-moderate compression of the L5 vertebral body with 30% height loss". Treatments to date include medication management, bilateral facet injections (significant improvement), and surgical intervention. Work status is not indicated. The original utilization review (11-6-2015) had non-certified a request for lumbar facet block L4-L4 and lumbar transforaminal epidural at L5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar facet block, L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint injections, multiple series.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This 63 year old female has complained of low back pain since date of injury 6/12/1997. She has been treated with facet joint injection, physical therapy, surgery and medications. The current request is for lumbar facet block L3-L4. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the available medical records and per the MTUS guidelines cited above, lumbar facet block L3-L4 is not indicated as medically necessary.

Lumbar spine transforaminal epidural at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: This 63 year old female has complained of low back pain since date of injury 6/12/1997. She has been treated with facet joint injection, physical therapy, surgery and medications. The current request is for lumbar spine transforaminal epidural at L5. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On

the basis of the available medical records and per the MTUS guidelines cited above, lumbar spine transforaminal epidural at L5 is not indicated as medically necessary.