

Case Number:	CM15-0030117		
Date Assigned:	02/23/2015	Date of Injury:	12/07/2001
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old male who sustained an industrial injury on 12/07/01. Past surgical history was positive for L4/5 and L5/S1 laminectomy and fusion, and L3/4 posterior laminotomy, neural foraminotomy, partial vertebrectomy, and partial left medial facetectomy on 10/24/11. The 7/21/13 lumbar spine MRI impression documented adjacent segment disease at L3/4 with high-grade central and lesser foraminal stenosis from dorsal bulge, foraminal protrusions, and marked facet degeneration with small facet synovitis cyst along the margin of the stenosis. He underwent a posterior lumbar decompression at L3/4 on 11/15/13. The 3/10/14 treating physician report cited excellent result following the lumbar decompression with resolved radiculopathy. He now had symptoms of facet arthrosis. A medial branch block/facet joint injection at L3/4 was recommended. Records documented medial branch blocks at L2/3 and L3/4 bilaterally on 5/20/14. A bilateral L3/4 epidural steroid injection was performed on 7/10/14. The 8/4/14 lumbar spine x-rays with flexion/extension views documented grade 1 spondylolisthesis at L3/4 with 7 mm anterolisthesis in hyperflexion and 3-4 mm in hyperextension. The 8/7/14 treating physician report indicated that the patient had undergone L3/4 facet and epidural injections. The injured worker reported near 80% improvement following the epidural injection, however mechanical back pain remained evident. Objective findings documented 4/5 quadriceps weakness with associated sensory change in the L3/4 dermatome, and positive nerve tension signs. There was mechanical instability at L3/4, with associated nerve root irritation. Physical therapy core strengthening was recommended. Stabilization via surgery was appropriate. The 1/26/15 treating physician report documented imaging studies on 10/26/14 demonstrated bilateral

facet joint effusions with severe facet hypertrophy. Physical exam documented 4/5 quadriceps weakness with positive femoral stretch test. The treatment plan requested authorization for L3/4 medial branch block for back pain, epidural injection for radiculopathy, and surgery should injections fail to improve symptoms. The 2/9/15 utilization review non-certified a prescription for a medial branch block at L3-L4, L3-L4 posterior decompression, and L3-L4 epidural steroid injection, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic: Facet joint pain, signs & symptoms; Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition, Chapter 12 Low Back Complaints (2007), 187-190.

Decision rationale: The California MTUS guidelines do not address facet joint injections. The ACOEM Revised Low Back Disorder guidelines state that one diagnostic facet joint injection may be recommended for patients with chronic lower back pain that is significantly exacerbated by extension and rotation, or associated with lumbar rigidity, and not alleviated with other conservative treatments, in order to determine whether specific interventions targeting the facet joint are recommended. The Official Disability Guidelines recommend one therapeutic facet joint intra-articular injection for facet joint pain, signs and symptoms, and with evidence of a formal plan of additional evidenced-based activity and exercise. Criteria include no evidence of radicular pain, spinal stenosis, or previous fusion. Guideline criteria have not been met. There is no documentation that the patient achieved benefit from the 5/20/14 medial branch blocks to support additional injections targeting the facet joints. There is also significant radicular findings which in such a setting does not support such a block. Therefore, this request is not medically necessary.

1 L3-L4 Posterior decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -Lumbar &Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have been met. This patient presents with signs/symptoms and clinical exam findings consistent with radiculopathy and supported by plausible imaging evidence of L3/4 nerve root compression. Reasonable conservative non-operative treatment has been tried and failed to achieve sustained improvement. Therefore, this request is medically necessary.

L3-4 Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have been met. This patient underwent an L3/4 epidural steroid injection on 7/10/14 with benefit meeting guideline requirements. Clinical exam findings are consistent with radiculopathy and supported by plausible imaging evidence of L3/4 nerve root compression. Reasonable conservative non-operative treatment has been tried and failed to achieve sustained improvement. Therefore, this request is medically necessary.