

<b>Case Number:</b>	CM15-0031914		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 55 year old male, who sustained an industrial injury on 9/18/13. On 2/20/15, the injured worker submitted an application for IMR for review of L4-L5 Epidural Steroid Injection, and L4-L5 Facet Block. The treating provider has reported the injured worker complained of low back pain that radiates to his left leg. The diagnoses have included spinal instability, spinal stenosis and radiculopathy. Treatment to date has included status post lumbar laminectomy (1996), physical therapy, bilateral epidural steroid injections (9/2014), MRI lumbar (9/18/14, prior to accident surgery: lower back surgery (1997); cervical fusion (2007), left elbow surgery (1998) and left hip replacement (2011). On 2/17/15 Utilization Review non-certified L4-L5 Epidural Steroid Injection, and L4-L5 Facet Block. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection ESI Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L4-L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks... etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar stenosis and lumbar degenerative disc disease status post L4 - L5 laminectomy. Subjectively, the injured worker has tingling with occasional radiculopathy (subjectively) radiating down the left leg to the sole of his foot. Objectively, there is no objective evidence of radiculopathy in the record. Repeat blocks are based on continued objective functional improvement with at least 50% pain relief and a reduction in pain medications. The documentation shows prior epidural steroid injections were given with only two days of relief. Repeat epidural steroid injections are not clinically indicated. Consequently, absent clinical documentation with greater than 50% pain improvement, a reduction in pain medication and objective functional improvement with no objective evidence of radiculopathy (per the guidelines), epidural steroid injection at L4 - L5 is not medically necessary.

**L4-L5 Facet Block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, left L4-L5 facet joint block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with non-radicular pain and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; there should be no evidence of radicular pain, spinal stenosis or previous fusion; etc. In this case, the injured worker's working diagnoses are lumbar stenosis and lumbar degenerative disc disease status post L4 - L5 laminectomy. Subjectively, the injured worker has tingling with

occasional radiculopathy (subjectively) radiating down the left leg to the sole of his foot. Objectively, there is no objective evidence of radiculopathy in the record. The documentation according to November 2014 progress note states the injured worker "failed injections." The documentation does not state whether these are epidural steroid injections or facet joint block injections. The treating provider indicates the facet joint injections are "temporary at best." Temporary at best is not a clinical indication for a facet joint block. Facet joint blocks are indicated in patients with non-radicular pain. The injured worker has subjective complaints of radiculopathy. The guidelines state there should be no evidence of radicular pain, spinal stenosis or previous fusion. In addition to the injured worker's subjective radiculopathy, the treating physician has planned a TLIF laminectomy decompression fusion. Consequently, absent clinical documentation with non-radicular pain with subjective complaints of radiculopathy, a history of "failed injections", an anticipated fusion surgery with guideline non-recommendations (ACOEM) for facet joint blocks, left L4-L5 facet joint block is not medically necessary.