

Case Number:	CM15-0034064		
Date Assigned:	03/02/2015	Date of Injury:	08/30/2010
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 8/30/2010. The current diagnoses are lumbar radiculitis and lumbar spondylosis. Currently, the injured worker complains of low back and left leg pain. The majority of pain is on the left, and occasionally on the right. The pain is described as achy, non-radiating, and constant. The pain is rated 7-8/10 on a subjective pain scale. Additionally, he reports chronic weakness in the bilateral lower extremities. Current medications are Flexeril, Cyclobenzaprine, Voltaren gel, Dexilant, Lorazepam, and Ibuprofen. The physical examination of the lumbosacral spine was positive for straight leg raise on the left. Facet loading with lateral rotation and thoracolumbar extension reproduces axial low back pain. Treatment to date has included medications and back brace. The treating physician is requesting transforaminal epidural steroid injection at L4-5 with imaging guidance, facet block at L4-5 with imaging guidance, and fluoroscopic guidance, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for transforaminal epidural steroid injection at L4-5 with imaging guidance, facet block at L4-5 with imaging guidance, and fluoroscopic guidance. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L4-5 with imaging guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the patient is noted to have radicular pain with a positive SLR, but there are no clinical, imaging, and/or electrodiagnostic findings supportive of L4-5 radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Facet block at L4-5 with imaging guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has symptoms/findings of radiculopathy, albeit nonspecific. Guidelines do not support the use of facet injections in patients with radiculopathy and there is no rationale for the performance of facet injections rather than the supported medial branch blocks for a patient believed to have facet arthropathy. In light of the above issues, the currently requested facet injections are not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.