

Case Number:	CM15-0044109		
Date Assigned:	03/17/2015	Date of Injury:	02/18/2013
Decision Date:	05/04/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial injury on 02/18/2013. He reported low back pain radiating to his left leg. The injured worker is currently diagnosed as having displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis, lumbar facet joint syndrome, lateral epicondylitis, right flexor tendon synovitis and tenosynovitis, and medial cartilage or meniscus tear of right knee. Treatment to date has included MRI of the lumbar spine, right elbow, and right knee, electromyography of the upper and lower extremities, arthroscopic right knee surgery, acupuncture, and medications. In a progress note dated 11/05/2014, the injured worker presented with complaints of lumbar spine and right knee pain. The treating physician reported recommending the injured worker for epidural steroid injections at levels L3-4, L4-5, and L5-S1 as well as facet joint blocks bilaterally at levels L3-4, L4-5, and L5-S1 due to failing all other conservative medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection, Lumbar L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections (ESIs), therapeutic.

Decision rationale: Per the MTUS, ESIs are recommended as an option for treatment of radicular pain. the purpose of ESI is to reduce pain and inflammation and thereby restore range of motion and facilitate progress in more active treatment programs in the hope of avoiding surgery, however ESIs alone offer no significant long term functional benefit. Criteria for use of ESI include: radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing, unresponsive to conservative treatment, should be performed under fluoroscopy, no more than two nerve root levels if transforaminal and one if interlaminar at one session. Per the ODG "not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment". However, from a review of the injured worker's medical records it is not clear if this will be transforaminal or interlaminar and without this information medical necessity cannot be established. Therefore, the request is not medically necessary.

Epidural Steroid Injection, Lumbar L4-L5 & L5-S1 (sacroiliac): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections (ESIs), therapeutic.

Decision rationale: Per the MTUS, ESIs are recommended as an option for treatment of radicular pain. the purpose of ESI is to reduce pain and inflammation and thereby restore range of motion and facilitate progress in more active treatment programs in the hope of avoiding surgery, however ESIs alone offer no significant long term functional benefit. Criteria for use of ESI include: radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing, unresponsive to conservative treatment, should be performed under fluoroscopy, no more than two nerve root levels if transforaminal and one if interlaminar at one session. Per the ODG "not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment". However, from a review of the injured worker's medical records it is not clear if this will be transforaminal or interlaminar, it also unclear if all three levels will be injected at the same session and without this information medical necessity cannot be established. Therefore, the request is not medically necessary.

Facet Joint Block, Left Lumbar L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / facet joint injections, multiple series.

Decision rationale: Per the MTUS, invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. Per the ODG, facet joint injections are not recommended. "Diagnostic blocks: One set of medial branch blocks is recommended prior to a neurotomy. Intra-articular blocks are not recommended as the diagnostic procedure. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself. Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There is no peer-reviewed literature to support a 'series' of therapeutic fact blocks." However, from a review of the injured worker's medical records it is not clear if this is a diagnostic or therapeutic block and if it planned to be performed at the same session as the ESI's and additional facet blocks (which is not recommended by the guidelines) without this information medical necessity cannot be established. Therefore, the request is not medically necessary.

Facet Joint Block, Right Lumbar L3-L4 and Bilateral Lumbar L4-L5 and L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / facet joint injections, multiple series.

Decision rationale: Per the MTUS, invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. Per the ODG, facet joint injections are not recommended. "Diagnostic blocks: One set of medial branch blocks is recommended prior to a neurotomy. Intra-articular blocks are not recommended as the diagnostic procedure. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself. Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There is no peer-reviewed literature to support a 'series' of therapeutic fact blocks." However, from a review of the injured worker's medical records it is not clear if this is a diagnostic or therapeutic block and if it planned to be performed at the same session as the ESI's and additional facet blocks

(which is not recommended by the guidelines) without this information medical necessity cannot be established. Therefore, the request is not medically necessary.