

Case Number:	CM15-0047960		
Date Assigned:	03/20/2015	Date of Injury:	01/07/2014
Decision Date:	05/11/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: Oregon, California Certification(s)/Specialty: Neurological 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 57-year-old female who reported an injury on 01/07/2014. The mechanism of injury was a fall. She is diagnosed with lumbar sprain/strain. Her past treatments have included physical therapy, acupuncture, pain medications, muscle relaxants, work restrictions, and psychological treatment. It was noted that electrodiagnostic studies of the bilateral lower extremities were performed on 09/26/2014. These studies were noted to reveal mild right L4-5 radiculopathy. An MRI of the lumbar spine on 04/22/2014 revealed a grade 1 anterolisthesis of L4 on L5 due to facet arthrosis; degenerative discogenic spondylosis at L4-5; disc bulging at L2-3, L3-4, and L4-4; moderate neural foraminal narrowing with encroachment of the exiting nerve roots due to facet arthrosis and ligamentum flavum hypertrophy at L4-5; and a central disc protrusion and facet arthrosis at L5-S1. The injured worker's symptoms were noted to include lumbar spine pain with radiating pain down both lower extremities to the calves. She also reported numbness and tingling in her lower extremities to the calves intermittently. Physical examination findings included decreased range of motion of the lumbar spine. However, it was noted that there was no pain with range of motion. There was also no tenderness over the spinous processes of the lumbar spine, but there was slight tenderness and spasm in the lumbar paravertebral muscles. Neurological examination revealed positive straight leg raising bilaterally. The injured worker also had decreased sensation to the left L4 dermatome and right L5 dermatome. Her motor strength and reflexes were noted to be normal in the bilateral lower extremities. The treatment plan was noted to include recommendation for a lumbar epidural steroid injection, selective nerve root block, and facet block for the injured worker's low back pain and right sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural with Facet and Selective Nerve Root Blocks: Upheld

Claims Administrator 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: Criteria for use of diagnostic blocks for facet 'medicated' pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Epidural steroid injections, diagnostic & Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection to reduce radicular pain and facilitate progress in more active treatment programs when findings suggestive of radiculopathy on physical examination are corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that the injured worker needs to have been initially unresponsive to conservative treatment to include home exercise, physical therapy, NSAIDS, and muscle relaxants. According to the Official Disability Guidelines, diagnostic epidural steroid injection (selective nerve root blocks) are recommended to determine the level of radicular pain in cases where diagnostic testing is ambiguous or when physical signs and symptoms differ from findings on imaging. In regard to facet blocks, the California MTUS/ACOEM Guidelines state invasive techniques of just facet blocks are of questionable merit. More specifically, the Official Disability Guidelines state diagnostic facet joint blocks are recommended prior to facet neurotomy when the patient has a clinical presentation consistent with facet joint pain signs and symptoms and has been unresponsive to initially recommended conservative treatment. The clinical information submitted for review indicated that the injured worker has low back pain as well as radicular symptoms despite initially recommended conservative treatment. She was also noted to have evidence of radiculopathy at L4-5 on electrodiagnostic testing and MRI revealed significant pathology at L4-5. Physical examination revealed findings consistent with radiculopathy at L4-5 as well to include decreased sensation and appropriate distributions and bilateral positive straight leg raises. Therefore, a therapeutic epidural steroid injection at L4-5 would be appropriate. However, the request as submitted did not indicate a level to be injected. Furthermore, the guidelines require that epidural steroid injections are given using fluoroscopic guidance and the request failed to indicate whether fluoroscopy was planned. Additionally, a selective nerve root block would not be warranted as the injured worker had clear findings of radiculopathy to L4-5 on electrodiagnostic testing, physical examination, and MRI. In regard to facet injections, the injured worker was not shown to have tenderness to palpation over the facets on physical examination. Moreover, she was noted to have neurological deficits on physical examination. Therefore, the injured worker's clinical presentation is not consistent with facet joint pain signs and symptoms. In addition, the documentation did not indicate whether the requested facet block would be for therapeutic or diagnostic purposes and there was no documentation indicating a plan to proceed with neurotomy. For these reasons, the request is not medically necessary.

Preoperative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative Chest X-ray and Electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Prothrombin (PT), Partial Thrombin Time (PTT) and Urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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