

Case Number:	CM15-0052978		
Date Assigned:	03/26/2015	Date of Injury:	08/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 38 year old, female who sustained a work related injury on 8/19/14. The diagnoses have included lumbosacral spondylosis, lumbago and sciatica. Treatments have included physical therapy, x-rays of lumbar spine on 8/22/14, MRI of lumbar spine on 12/16/14, range of motion exercises, heat/cold and medications. In the PR-2 dated 2/26/15, the injured worker complains of left sided low back pain and muscle tightness. She has left leg pain and tingling. She has minor limitation of range of motion in lumbar spine. She has lumbar paravertebral tenderness to palpation. The treatment plan is a recommendation for diagnostic and therapeutic lumbar facet joint injections along with a left sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION - EPIDURAL SPINAL (CESI, TESI, LESI) LEFT L4-5 AND L5-S1 FACET JOINT WITH STEROID JOINT INJECTION AND CONSCIOUS SEDATION WITH FLUOROSCOPY, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation ODG, Low Back section, facet joint pain/injections.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. Also, part of the request was for facet joint injections which the MTUS Guidelines do not address. However, the ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, it appeared that the progress note discussed a request for a sacroiliac injection rather than an epidural injection, which is not clear. If the intention was actually for an epidural injection there was no supportive imaging to corroborate the diagnosis of radiculopathy to help justify the procedure. Also, the facet joint injections, if to be diagnostic should not be done on the same day or week of another injection (epidural injection or sacroiliac joint injection) to not confound the results. Therefore, the request for "INJECTION - EPIDURAL

SPINAL (CESI, TESI, LESI) LEFT L4-5 AND L5-S1 FACET JOINT WITH STEROID JOINT INJECTION AND CONSCIOUS SEDATION WITH FLUOROSCOPY, LUMBAR SPINE" will be considered medically unnecessary.