

Case Number:	CM15-0059411		
Date Assigned:	04/03/2015	Date of Injury:	04/16/2014
Decision Date:	05/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 54 year old female, who sustained an industrial injury on April 16, 2014. She reported an injury while lifting. The injured worker was diagnosed scoliosis, degeneration of lumbar or lumbosacral intervertebral disc and sciatica. Treatment to date has included diagnostic studies, injections, medications, physical therapy and home exercises. On February 11, 2015, the injured worker complained that her pain symptoms have started to return. The pain is intermittent and sharp in the right lower lumbar region extending into the right gluteal region and proximal lateral thigh. She reported that prolonged standing and walking activities will provoke these symptoms. Sitting and leaning forward help to relieve the symptoms. The treatment plan included L4-5 transforaminal epidural steroid injection, therapeutic right L4-5 facet joint injection, home exercises, medication and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) indicates that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. The operative report dated 11/20/14 documented the performance of a transforaminal epidural steroid injection right L4-5. The physical medicine and rehabilitation progress report dated February 11, 2015 documented a history of right lumbar radiculitis. The patient returns today for follow-up reporting that pain symptoms have started to return. The patient was completely better for about three months and now reports that in the last few weeks she has had a return of about 30% pain, which is intermittent and sharp, in the right lower lumbar region extending into the right gluteal region and proximal lateral thigh. On physical examination, there is lumbar tenderness. Straight-leg raise is positive on the right with positive dural tension signs. The impression was recurrent right lumbar radiculitis and lumbar axial pain secondary to lumbar stenosis and foraminal narrowing at L4-5. The patient has had recent interval worsening of the right lower lumbar radicular symptoms as well as lumbar axial pain. She has signs of not only the radiculitis, but also facet joint mediated symptoms arising from the same L4-5 level. Repeating the right L4-5 transforaminal epidural steroid injection, which gave her complete relief for three months time was discussed. The 2/11/15 progress report documented improvement of radicular pain and complete pain relief for three months with the first epidural steroid injection, which was performed on 11/20/14. The request for a repeat epidural steroid injection for recent worsening of lumbar radicular symptoms is supported by MTUS guidelines. Therefore, the request for a right L4-L5 transforaminal epidural steroid injection is medically necessary.

Right L4-5 medial branch block facet injection: 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), Low Back chapter - Facet Joint Diagnostic Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Intra-articular Injections (therapeutic blocks), Facet Joint Medial Branch Blocks (therapeutic injections). ACOEM 3rd Edition Low back disorders (2011) <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing

Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The physical medicine and rehabilitation progress report dated February 11, 2015 documented a history of low back complaints. Right L4-5 medial branch block facet injection was requested. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for lumbar facet joint medial branch blocks is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for right L4-5 medial branch block facet injection is not medically necessary.