MAXIMUS Federal Services

Case Number:	CM15-0080467		
Date Assigned:	05/01/2015	Date of Injury:	09/14/2013
Decision Date:	06/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
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 (IW) is a 63-year-old female who sustained an industrial injury on 09/14/2013. Diagnoses include cervical and lumbar radiculitis; cervicalgia; cervical, thoracic and lumbar facet arthropathy; herniated disc of the cervical, thoracic and lumbar spine and sciatica. Treatment to date has included medications, physical therapy, chiropractic care and acupuncture. MRIs and x-rays were done; degenerative changes were noted. According to the Pain Management Re-Evaluation Report dated 2/12/15, the IW reported constant dull to sharp pain in the neck which radiated down to the elbows, hands and fingers with numbness in both arms. She also reported constant dull to sharp pain in the mid and lower back which radiated down to the knees and feet with weakness in both legs. On exam, there was paravertebral muscle tenderness and spasms. A request was made for thoracic epidural steroid injection at T10-11 level; diagnostic and therapeutic facet injections at L2-3, L3-4 and L4-5 levels and lumbar spine epidural steroid injections at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection at T10-11 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) - Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, thoracic epidural steroid injections at T10-11 level are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's relevant working diagnoses are herniated disk thoracic spine; thoracic facet arthropathy; lumbago; sciatica; lumbar radiculitis; herniated disc lumbar; disc degeneration; disk disorder with myelopathy lumbar spine; spinal stenosis lumbar spine; and lumbar facet arthropathy. Subjectively, according to a February 12, 2015 progress note, the worker had dull to sharp pain in the mid to lower back that occurs all of the time radiating down to the knees in the weakness in both legs. Symptoms increase with prolonged standing and walking. Objectively, there is tenderness palpation over the bilateral paraspinal muscles of the lumbar spine. There is tenderness over the lumbar spinous processes. Lumbar facet tested positive bilaterally. Neurologically sensation is decreased in the lower extremities bilaterally. There is grade 1-2/5 muscle weakness in the bilateral lower extremities and a dermatome of pattern. Deep tendon reflexes are intact and symmetric. MRI dated May 5, 2014 significant findings show T2 - T3 disk protrusion effacing the thecal sac, T3 - T4 this protrusion effacing the thecal sac; and T10 - T11 disc protrusion effacing the thecal sac. The spinal canal and neural foramina are patent at all thoracic spine levels. The guidelines require objective evidence of radiculopathy on physical examination. There is no objective evidence of radiculopathy on physical examination. There is no MRI corroboration of radiculopathy. The spinal canal and neural foramina are patent at all thoracic spine levels. Consequently, absent specific clinical documentation indicating objective evidence of radiculopathy and MRI corroboration, thoracic epidural steroid injections at T10-11 level are not medically necessary.

Diagnostic and therapeutic facet injections at L2-3, L3-4 and L4-5 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Criteria for the use of diagnostic blocks for facet mediated pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 8-8, Page 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, diagnostic and therapeutic facet injections at L2-L3, L3-L4, and L4-L5 levels are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's relevant working diagnoses are herniated disk thoracic spine; thoracic facet arthropathy; lumbago; sciatica; lumbar radiculitis; herniated disc lumbar; disc degeneration; disk disorder with myelopathy lumbar spine; spinal stenosis lumbar spine; and lumbar facet arthropathy. Subjectively, according to a February 12, 2015 progress note, the worker had dull to sharp pain in the mid to lower back that occurs all of the time radiating down to the knees in the weakness in both legs. Symptoms increase with prolonged standing and walking. Objectively, there is tenderness to palpation over the bilateral paraspinal muscles of the lumbar spine. There is tenderness over the lumbar spinous processes. Lumbar facet tested positive bilaterally. Neurologically sensation is decreased in the lower extremities bilaterally. There is grade 1-2/5 muscle weakness in the bilateral lower extremities and a dermatome of pattern. Deep tendon reflexes are intact and symmetric. The guidelines limit therapeutic facet injections to no more than two levels. The treating provider is requesting facet injections at three levels. This is in excess of the recommended guidelines. Additionally, the treating provider does not specify at what levels facet loading tested positive. The documentation states lumbar facet test positive bilaterally. Consequently, absent specific clinical documentation with specific lumbar levels with three facet joint injections (in excess of the recommended two), diagnostic and therapeutic facet injections at L2-L3, L3-L4, and L4-L5 levels are not medically necessary.

Lumbar spine epidural steroid injections at L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) - Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar spine epidural steroid injections at L5- S1 level are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative

treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's relevant working diagnoses are herniated disk thoracic spine; thoracic facet arthropathy; lumbago; sciatica; lumbar radiculitis; herniated disc lumbar; disc degeneration; disk disorder with myelopathy lumbar spine; spinal stenosis lumbar spine; and lumbar facet arthropathy. Subjectively, according to a February 12, 2015 progress note, the worker had dull to sharp pain in the mid to lower back that occurs all of the time radiating down to the knees in the weakness in both legs. Symptoms increase with prolonged standing and walking. Objectively, there is tenderness palpation over the bilateral paraspinal muscles of the lumbar spine. There is tenderness over the lumbar spinous processes. Lumbar facet tested positive bilaterally. Neurologically sensation is decreased in the lower extremities bilaterally. There is grade 1-2/5 muscle weakness in the bilateral lower extremities and a dermatome of pattern. Deep tendon reflexes are intact and symmetric. The guidelines require objective evidence of radiculopathy on physical examination. There is no objective evidence of radiculopathy on physical examination. There is no documentation with corroboration of radiculopathy by MRI imaging or electro diagnostic studies. Consequently, absent specific clinical documentation indicating objective evidence of radiculopathy with MRI corroboration, lumbar spine epidural steroid injections at L5- S1 level are not medically necessary.