

Case Number:	CM15-0239638		
Date Assigned:	12/16/2015	Date of Injury:	01/29/2010
Decision Date:	01/21/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/08/2015

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: Indiana, California

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 52 year old male, who sustained an industrial injury on 01-29-2010. He has reported injury to the low back. The diagnoses have included low back pain; lumbar facet arthritis; lumbar and lumbosacral spondylosis without myelopathy and with radiculopathy; L2-3 extrusion; and myofascial spasms. Treatment to date has included medications, diagnostics, lumbar transforaminal epidural steroid injection, physical therapy, and L4-5 and L5-S1 facet injection. Medications have included Morphine Sulfate IR, Norco, Valium, Celexa, and Prilosec. A progress report from the treating physician, dated 11-13-2015, documented a follow-up visit with the injured worker. The injured worker reported severe low back pain; his back has been hurting more with the change in the weather; axial low back pain worsened with lumbar extension and rotation; he has numbness and tingling of his leg with subjective weakness of both legs; and he is post physical therapy and left L2 and L4 TFESI with minimal relief of his pain. Objective findings included he walks in slowly with a cane; extremities with 4- out of 5 motor strength bilateral hip flexion; 4+ out of 5 strength of bilateral knee flexion-extension; sensation is decreased to light touch of his anterior thighs; tenderness to palpation of low back and bilateral piriformis muscles with radiation down the legs; minimal range of motion; and pain worsened with extension greater than flexion, rotation, and lateral flexion. The provider noted that "his last injection was 9 months ago and provided him with greater than 70% relief of his pain for greater than 6 months; the last injection also allowed him to decreased his Norco use by 50% and to stop the Morphine". The treatment plan has included the request for bilateral L4-5 and L5-S1 facet

injection. The original utilization review, dated 11-19-2015, non-certified the request for bilateral L4-5 and L5-S1 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Facet joint diagnostic injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Epidural Steroid Injections.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The employee had a prior ESI with and the provider noted that "his last injection was 9 months ago and provided him with greater than 70% relief of his pain for greater than 6 months; the last injection also allowed him to decreased his Norco use by 50% and to stop the Morphine". Therefore, the request is medically necessary.