



Case Number:	CM14-0013728		
Date Assigned:	02/21/2014	Date of Injury:	12/05/2010
Decision Date:	07/23/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with a 12/5/10 date of injury, when she was pulling a resident up in bed and felt pain in the abdomen near the umbilicus. There is an extensive history with repair and complications of an abdominal hernia. The patient also has pain in the low back, sleep disturbances, psychological complaints, and side effects from medication (GI issues). 3/18/11 note described the use of multiple medications. Psychological evaluation and Physical Therapy for the low back were requested. Lumbar range of motion was reduced, ankle reflexes bilaterally were reduced, and sensory loss at the anterolateral aspect of the foot and ankle, L5 & S1 dermatome level bilaterally. Facet joints were tender L3-L5 levels bilaterally. 7/22/11 note described significant decrease in symptoms and functional improvement from rendered Physical Therapy. 8/31/11 Note requested a lumbar ESI (Epidural Steroid Injection) and facet injections. 10/12/11 note stated that the low back and radicular pain are the same. 11/23/11 note requested ESI from L3-S1 and facet blocks at the same levels. 1/4/12 & 3/28/12 notes requested lumbar ESI and facet blocks at L3-S1. 4/3/12 QME (Qualified Medical Examination) recommended PO (Oral) medications and ESI (Epidural Steroid Injection), but not facet injections. Multiple ER visits were noted due to abdominal pain. On 9/29/12 lumbar ESI with neuroplasty with decompression from L3-S1 was performed. 4/6/11 EMG/NCV (Electromyography/Nerve Conduction Velocity) studies revealed mild left L4-5 radiculopathy. 4/21/11 Lumbar MRI revealed at L3-4 2mm disc protrusion; facet hypertrophy with spinal canal and neuroforaminal narrowing; at L4-5 2.7 mm disc protrusion; facet hypertrophy with spinal canal and neuroforaminal narrowing; at L5-S1 4.1 mm disc protrusion; facet hypertrophy with spinal canal and neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection with facet injections requested 11/23/11 is not medically necessary and appropriate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet blocks and AMA Guides (Radiculopathy).

Decision rationale: The patient sustained an injury from pulling a heavy individual, developing an abdominal hernia and a back injury. However, medical necessity for the rendered lumbar ESI and facet injections is not established. CA MTUS does not support epidural injections in the absence of objective radiculopathy. The 4/21/11 MRI revealed no overt evidence of anatomic impingement and electrodiagnostics showed mild radiculopathy only at L4-5. The request is for injections from L3-S1. CA MTUS states that no more than two nerve root levels should be injected. Furthermore, guidelines do not support simultaneous facet injections and lumbar ESI, recommending facet injections for non-radicular pain. Likewise, no more than 2 joint levels should be injected. Therefore, the request for Epidural steroid injection with facet injections requested 11/23/11 is not medically necessary and appropriate.

RETROSPECTIVE INJECTION REQUESTED 1/4/12: EPIDURAL STEROID INJECTION WITH FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet blocks and AMA Guides (Radiculopathy).

Decision rationale: The patient sustained an injury from pulling a heavy individual, developing an abdominal hernia and a back injury. However, medical necessity for the rendered lumbar ESI and facet injections is not established. CA MTUS does not support epidural injections in the absence of objective radiculopathy. The 4/21/11 MRI revealed no overt evidence of anatomic impingement and electrodiagnostics showed mild radiculopathy only at L4-5. The request is for injections from L3-S1. CA MTUS states that no more than two nerve root levels should be injected. Moreover, guidelines do not support simultaneous facet injections and lumbar ESI, recommending facet injections for non-radicular pain. Likewise, no more than 2 joint levels should be injected. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. As procedure reports were not provided, it is not clear if the 11/23/11 requested injections were performed, and what functional

benefit was obtained. Therefore, the request for Epidural steroid injection with facet injections requested 1/4/12 is not medically necessary and appropriate.

Epidural steroid injection with facet injections requested 8/15/12 is not medically necessary and appropriate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet blocks and AMA Guides (Radiculopathy).

Decision rationale: The patient sustained an injury from pulling a heavy individual, developing an abdominal hernia and a back injury. However, medical necessity for the rendered lumbar ESI and facet injections is not established. CA MTUS does not support epidural injections in the absence of objective radiculopathy. The 4/21/11 MRI revealed no overt evidence of anatomic impingement and electrodiagnostics showed mild radiculopathy only at L4-5. The request is for injections from L3-S1. CA MTUS states that no more than two nerve root levels should be injected. Moreover, guidelines do not support simultaneous facet injections and lumbar ESI, recommending facet injections for non-radicular pain. Likewise, no more than 2 joint levels should be injected. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. As procedure reports were not provided, it is not clear if the 11/23/11 & 1/14/12 requested injections were performed, and what functional benefit was obtained. Therefore, the request for Epidural steroid injection with facet injections requested 8/15/12 is not medically necessary and appropriate.

RETROSPECTIVE INJECTION WITH DOS: 12/8/12: EPIDURAL STEROID INJECTION WITH FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet blocks and AMA Guides (Radiculopathy).

Decision rationale: The patient sustained an injury from pulling a heavy individual, developing an abdominal hernia and a back injury. However, medical necessity for the rendered lumbar ESI and facet injections is not established. CA MTUS does not support epidural injections in the absence of objective radiculopathy. The 4/21/11 MRI revealed no overt evidence of anatomic impingement and electrodiagnostics showed mild radiculopathy only at L4-5. The request is for injections from L3-S1. CA MTUS states that no more than two nerve root levels should be injected. Moreover, guidelines do not support simultaneous facet injections and lumbar ESI,

recommending facet injections for non-radicular pain. Likewise, no more than 2 joint levels should be injected. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. As procedure reports were not provided, it is not clear if the 11/23/11, 1/14/12, 8/15/12 requested injections were performed, and what functional benefit was obtained. As such, the request for Epidural steroid injection with facet injections with DOS (Date of Service): 12/8/12 is not medically necessary and appropriate.