

Case Number:	CM14-0125754		
Date Assigned:	08/13/2014	Date of Injury:	06/12/2012
Decision Date:	10/08/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/08/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 39 year old female who sustained a work injury on 6-12-12. MRI dated 7-28-12 showed at L3-L4 left posterolateral extrusion/epidural hematoma appears to impinge the traversing left L4 root. A 4 mm right posterolateral protrusion at L1-L2 without mass effect, HIZ dorsal central L2-L3 disc and lesser annular fissuring. MRI dated 7-3-13 there is a mixture of enhancing and no enhancing material in the ventral epidural space at L3-4 which is most consistent with granulation tissue and a small central focus of residual or recurrent disc material. Overall volume of material in the ventral epidural space and a mass effect on the thecal sac has slightly diminished compared to the prior examination. On the prior examination, the greatest volume of the disc material is at the level of the superior one-third of the L4 vertebral body. On the current examination, the greatest volume of material in the ventral epidural space is centered at the disc level and at the superior endplate of L4, Due to a relative capacious bony central canal at this level; overall central canal stenosis appears mild. There is a very small volume of enhancing material that extends into the inferior aspect of the left-sided L3-4 neural foramen consistent with a granulation tissue. This produces only mild encroachment on the neural foramen and there is no evidence of impingement on the left L3 nerve root. A left hemilaminectomy defect is noted at L3-4 with a small volume of enhancing granulation tissue along the surgical track, mild but increased retrolisthesis of L4 relative to L5. There is a new small central and left paracentral disc protrusion that produces mild flattening of the ventral surface of the thecal sac. Overall central canal stenosis is mild. Stable degenerative endplate bony ridge and bulge with annular tears at L5-S1. Stable right paracentral disc protrusion at L2-3 with only mild flattening of the ventral surface of the thecal sac. Medical Records reflect the claimant has undergone radiofrequency ablation which did not provide substantial pain relief. Office visit dated 7-18-14 notes that on exam, the claimant an antalgic gait. She does have

tenderness to palpation to the lumbar facet joint line and she has pain with lateral rotation and she gets a right glue myofascial spasm. Diagnosis included lumbar degenerative disc disease with low back pain, failed back surgery syndrome, bilateral right greater than left lower extremity pain, and sleep disturbance due to pain, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter - facet diagnostic blocks.

Decision rationale: ACOEM Chapter 12 low back complaints table 12-8, Therapeutic facet joint injections are not recommended for treatment of acute, subacute, or chronic low back pain. ODG notes that at it relates to medial branch block, recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomies, if neurotomies is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomies at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to neurotomies, and that this be a medical branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomies found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomies. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomies procedure itself. This claimant has had prior ablation without long lasting improvement. Therefore, the request for diagnostic facet blocks, when the claimant failed prior therapeutic facet blocks is not established as medically necessary.

L4-5, L5-S1 Transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injections

Decision rationale: Recommended as an option for treatment of radicular pain; (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There is an absence in documentation noting that this claimant has physical exam findings demonstrating radicular findings. Additionally, it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Therefore, based on the records provided, the medical necessity of this request is not established.