

Case Number:	CM14-0026264		
Date Assigned:	07/02/2014	Date of Injury:	11/30/2012
Decision Date:	08/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation 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 injured worker is a 59-year-old female who reported injury on 11/30/2012. The diagnoses included lumbosacral spondylosis, lumbar disc displacement, and sprained lumbar region. Prior therapies include physical therapy and home exercise program. The injured worker underwent a magnetic resonance imaging (MRI) of the lumbar spine on 09/04/2013, which revealed at the level of L5-S1 there was disc desiccation. There were end-plate degenerative changes. There was facet arthropathy. There was a broad 3 mm midline disc protrusion resulting in abutment of the descending S1 nerve roots bilaterally. There was mild central canal narrowing. Other therapies included chiropractic manipulation and medication. The documentation of 01/28/2014 revealed the injured worker had a chief complaint of lumbar spine pain. The pain was noted to be radiating to the bilateral legs worse on the right. The mechanism of injury was the injured worker was pulling an elderly man up in bed so he could watch television. The injured worker placed her arms under the patient's armpits and wrapped her arms around his chest and began pulling him up in bed and experienced low back and abdominal pain. Physical examination revealed the injured worker had an antalgic gait to the right. The heel-toe walk was exacerbated on the right. The injured worker had diffuse tenderness over the paraspinal musculature. There was tenderness from L4 to S1 on the facets. The Kemps test was positive bilaterally. The seated and supine straight leg raise were positive bilaterally. The injured worker had decreased range of motion of the lumbar spine. Sensation was noted to be decreased to pain, temperature, light touch, vibration and 2-point discrimination in the bilateral L5-S1 dermatomes. The strength was 5/5 bilaterally in the lower extremities with the exception of the big toe extensors, whose strength was 4/5 in the knee and extensors were 4/5 on the right. The knee and ankle reflexes were 1+2 bilaterally. The diagnoses included lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. The request was made for bilateral L5-S1 and S1 transforaminal epidural

steroid injection times two due to radicular symptoms on physical examination and neuroforaminal stenosis and nerve root compression on MRI. The documentation indicated the injured worker had failed conservative treatment including physical therapy, chiropractic manipulation, medications, rest and home exercise program. Additionally, the treatment plan included if the radicular symptoms improved but low back pain remained, the physician would consider bilateral L4 through S1 medial branch blocks. There would be continuation of present medications and there would be a urine drug screen to establish her baseline and ensure compliance with medications and make sure that the injured worker was not taking medications for multiple sources or illicit drugs. The documentation indicated that the injured worker should have an LSO (lumbosacral orthosis) brace for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION 2 TIMES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that is supported and corroborated by imaging studies. There should be documentation of a failure of conservative care. The clinical documentation submitted for review met the above criteria. However, the request was for an epidural steroid injection 2 times and there would be no support for a secondary injection without documentation of objective functional benefit and a documentation of objective pain relief with the first injection. Given the above, the request for bilateral L5-S1 and S1 transforaminal epidural steroid injections 2 times is not medically necessary.

BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS 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, Medial Branch Block.

Decision rationale: ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. Official Disability Guidelines indicate the criteria for the use of

diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than two facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than two levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation in the paravertebral area; however, there was lack of documentation indicating the injured worker had a normal sensory examination, the absence of radicular findings and a normal straight leg raise examination. There was documentation the injured worker had failed home exercise, physical therapy and NSAIDS. However, there was lack of documentation indicating the injured worker had failed the conservative treatment for at least 4 to 6 weeks prior to the procedure. Additionally, there was lack of documentation indicating a necessity for the epidural and the facet injection to be performed on the same date, as they are not recommended to be performed on the same day as it may lead to improper diagnosis or unnecessary treatment. There was lack of documentation indicating if the injured worker had a positive response to the facet injections, the injections would proceed on to a facet neurotomy. Given the above, the request for bilateral L4-S1 medial branch blocks is not medically necessary.

PROLIGN PRO LSO BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Prolign Pro LSO brace is not medically necessary.

TOXICOLOGY- URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the medications the injured worker was utilizing. Additionally, there was lack of documentation indicating the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for toxicology urine drug screen is not medically necessary.