

Case Number:	CM15-0117320		
Date Assigned:	06/25/2015	Date of Injury:	01/18/2013
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33-year-old female sustained an industrial injury to the low back and right upper extremity on 1/18/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, injections and medications. Magnetic resonance imaging lumbar spine (3/30/13) showed retrolisthesis of L5 on S1 with disc desiccation resulting in broad based protrusion, patent neural foramen and multilevel facet hypertrophy without evidence of nerve root compression. Electromyography/nerve conduction velocity test (11/19/13) was normal. In a PR-2 dated 5/5/15, physical exam was remarkable for lumbar spine guarding, tightness to the lumbar spine musculature and positive right straight leg raise. Current diagnoses included displacement of intervertebral disc without myelopathy and pain in limb, right lower extremity. The treatment plan included a pain management consultation for epidural steroid injections at L5-S1 and facet blocks, requesting a lumbar corset and continuing home exercise and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for an ESI lumbar spine L5-S1 and facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 92 and

300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation CA DWC MTUS ACOEM 2004 OMPG, Independent medical examinations and consultations chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Current request is for pain management to identify pain generator with possible consideration for facet blocks and epidural injection, not recommended concurrently for evaluation of pain generator. EMG study on 11/19/13, however, showed no evidence for radiculopathy on right lower extremity and mild questionable left from reduced recruitment, not a specific criteria for radiculopathy. While it is reported that the MRI showed disc desiccation and protrusion, there is no report of stenosis, nerve impingement, acute flare-up for persistent chronic pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Additionally, submitted reports have not demonstrated facet arthropathy deficits to corroborate with the imaging studies to support for the lumbar facet injections, especially in a patient who exhibited radicular symptoms with correlating MR showing disc protrusion. As the epidural and facet blocks are not supported, the pain management consultation for the procedure is not supported. The Pain management evaluation for an ESI lumbar spine L5-S1 and facet blocks is not medically necessary and appropriate.

Preop medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical systems Improvement (ICSi). Preoperative evaluation. Bloomington (MN): 2010 Jun 40 p. 26 references.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Current request is for pain management to identify pain generator with possible consideration for facet blocks and epidural injection, not recommended concurrently for evaluation of pain generator. EMG study on 11/19/13, however, showed no evidence for radiculopathy on right lower extremity and mild questionable left from reduced recruitment, not a specific criteria for radiculopathy. While it is reported that the MRI showed disc desiccation and protrusion, there is no report of stenosis, nerve impingement, acute flare-up for persistent chronic pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Additionally, submitted reports have not demonstrated facet arthropathy deficits to corroborate with the imaging studies to support for the lumbar facet injections,

especially in a patient who exhibited radicular symptoms with correlating MR showing disc protrusion. As the epidural and facet blocks are not supported, the pain management consultation for the procedure is not supported. As the Pain management evaluation for an ESI lumbar spine L5-S1 and facet blocks is not medically necessary and appropriate; thereby, the Preop medical clearance is not medically necessary and appropriate.