

Case Number:	CM15-0170026		
Date Assigned:	09/10/2015	Date of Injury:	05/28/2006
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

A review of the medical records indicates that he is undergoing treatment for cervical spine sprain and strain, lumbar spine disc protrusion - status post laminectomy with residuals on 4-21-09, hypertension, stress and anxiety, uncontrolled diabetes secondary to lumbar epidural steroid injection 3-12-14 - improving, anal fissure secondary to constipation secondary to medication use, multilevel disc disease with mild to moderate left facet hypertrophy and left neuroforaminal stenosis with borderline compression of the exiting L4 nerve root per MRI 3-3-15, and Piriformis muscle pain. Medical records (5-18-15 to 7-17-15) indicate complaints of ongoing neck, low back, and right knee pain. His pain rating has remained, essentially, the same, going from "7 out of 10" to "6 out of 10" without medications and "4 out of 10" to 4-5 out of 10" with medications. He reports that his lumbar pain radiates to the right posterior hip, thigh, and hamstring (7-17-15). The physical exam reveals decreased range of motion in the cervical spine, lumbar spine, and right knee. He has had tenderness to the paraspinals bilaterally, right greater than left (8-10-15). He was also noted to have "diffuse paraspinal tenderness and spasm (7-17-15). He has remained working with modified conditions. Treatments have included physical therapy, pain management, trigger point injections of the quadratus lumborum and piriformis, chiropractic treatment, a TENS unit and oral medications. A request for authorization for a topical cream was made. The request for authorization, dated 7-31-15, includes L4-L5 facet injections and L4-L5 epidural injections. The utilization review (8-13-15) indicates denial of both injections. The L4-L5 facet injections were denied due to lack of documentation of low back pain that is "non-radicular". The L4-L5 epidural steroid injection was denied due to lack of documentation of

"objective radicular findings in the nerve root distribution", as well as no documentation of an MRI report. Patient had received lumbar epidural steroid injection on 3-12-14 for this injury. The patient had received an unspecified number of PT and chiropractic visits for this injury. The patient's surgical history includes lumbar laminectomy with residuals on 4-21-09. The patient has had MRI of the lumbar spine on 3/3/15 that revealed disc protrusions, foraminal narrowing and facet hypertrophy. The medication list includes Celebrex. The patient had used a TENS unit for this injury. Per the note dated 8/10/15, the patient had complaints of pain in neck and low back at 6/10. Physical examination of the lumbar spine revealed limited range of motion, positive SLR and Kemp's test, tenderness on palpation and decreased strength and normal sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Facet joint intra-articular injections (therapeutic).

Decision rationale: ACOEM/MTUS guideline does not specifically address this issue; hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. As per the cited guideline, there should be no evidence of radicular pain, spinal stenosis, or previous fusion and the patient's surgical history include lumbar laminectomy with residuals on 4-21-09. Physical examination of the lumbar spine revealed positive SLR and Kemp's test. These symptoms are suggestive of possible radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Bilateral L4-5 Facet Injection is not medically necessary in this patient.

L4-L5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injection, pages 382, 383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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." Per the cited guideline, criteria for ESI are: "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)." Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received lumbar epidural steroid injection on 3-12-14 for this injury. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for L4-L5 Epidural Steroid Injection is not medically necessary for this patient.