

Case Number:	CM15-0179235		
Date Assigned:	09/21/2015	Date of Injury:	11/24/2012
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 62 year old female, who sustained an industrial injury on November 24, 2012. The injured worker was diagnosed as having cervical disc herniation, lumbar disc herniation, and bilateral shoulder sprain and strain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, x-rays, magnetic resonance imaging of the lumbar and cervical spine, and cortisone injections to the shoulders. In a progress note dated August 06, 2015 the treating physician reports complaints of pain to the cervical spine, lumbar spine, right shoulder, and the bilateral knees. Examination performed on August 06, 2015 was revealing for decreased range of motion to the cervical spine, positive cervical compression on the right with radiating pain to the right parascapular region and to the right upper arm, and positive bilateral straight leg raises with radiating pain to the posterior and lateral thigh. On August 06, 2015 the injured worker's pain level was rated a 9 out of 10 that was noted to be an increase from the previous visit. On August 06, 2015 the treating physician requested lumbar facet blocks and cervical six to seven epidural steroid injections, as recommended by pain medicine specialist. Documentation from pain medicine evaluation performed on April 22, 2015 recommended lumbar facet blocks with the specialist noting trigger points to the upper, middle, and lower paraspinal muscles on the back and bilateral buttock muscles, and positive facet loading testing bilaterally along with noting unspecified findings on magnetic resonance imaging with an unknown date. The pain medicine evaluation from April 22, 2015 also recommended the injured worker have a left cervical six to seven cervical epidural steroid injection with the specialist noting cervical symptoms and cervical facet hypertrophy per magnetic resonance imaging with an unknown date. On August 31, 2015 the Utilization Review determined the requests for lumbar facet blocks and cervical six to seven epidural steroid injections to be not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Injections (Diagnostic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Lumbar facet blocks, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time and only one set of diagnostic medial branch blocks is required with a response of 70%. Within the documentation available for review, the request does not state which level or levels are intended to be addressed. Since the request is in the plural form it is unclear if it is a request for two or more levels or if the request is for two or more times getting a block done at a single level. Guidelines do not recommend more than 2 joint levels to be done at any given time and only one set to be done. Additionally, it appears the patient has possible active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. In light of the above issues, the currently requested Lumbar facet blocks are not medically necessary.

C6-C7 epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for C6-C7 epidural steroid injections, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Guidelines also state that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy at C6-C7, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at C6-C7, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following a previous epidural injection to request more than one epidural steroid injection. Since the request is in the plural form it is unclear if it is a request for two or more interlaminar injections or if the request is for two or more using a transforaminal approach. In the absence of such documentation, the currently requested C6-C7 epidural steroid injections are not medically necessary.