

Case Number:	CM15-0030995		
Date Assigned:	02/24/2015	Date of Injury:	10/21/2014
Decision Date:	06/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York
 Certification(s)/Specialty: Internal 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 39-year-old male who sustained an industrial injury on 10/21/2014. Current diagnoses include musculoligamentous strain/sprain of the neck and upper and lower back, multilevel degenerative disc changes-cervical spine, degenerative disc changes-lumbar spine, subjective right S1 intermittent radiculopathy, and strain/sprain-right wrist. Previous treatments included medication management, acupuncture, and physical therapy. Report dated 01/05/2015 noted that the injured worker presented with complaints that included neck pain and low back pain with radiation down the right lower extremity. Pain level was rated as 7 out of 10 in his neck, 5 out of 10 in the upper back, and 7 out of 10 in the lower back on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for lumbar epidural steroid injection interlaminar block L3-4, lumbar epidural steroid injection interlaminar block L4-5, lumbar epidural steroid injection interlaminar block L5-S1, lumbar facet block L3-4 under fluoroscopy, lumbar facet block L4-5 under fluoroscopy, lumbar facet block L5-S1 under fluoroscopy, fluoroscopy for interlaminar block, pre-op lab (CBC), and Lab (comprehensive metabolic panel) based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Interlaminar Block L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. No more than two Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker complains of radicular low back pain. Although MRI reports shows evidence of multilevel Lumbar degenerative disc disease and spinal stenosis, physician reports at the time of the request under review fail to show objective corroborating findings on neurologic exam. The request for Lumbar Epidural Steroid Injection Interlaminar Block L3-4 is not medically necessary by MTUS.

Lumbar Epidural Steroid Injection Interlaminar Block L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. No more than two Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker complains of radicular low back pain. Although MRI reports shows evidence of multilevel Lumbar degenerative disc disease and spinal stenosis, physician reports at the time of the request under review fail to show objective corroborating findings on neurologic exam. The request for Lumbar Epidural Steroid Injection Interlaminar Block L3-4 is not medically necessary by MTUS.

Lumbar Epidural Steroid Injection Interlaminar Block L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. No more than two Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker complains of chronic back pain. Although MRI reports shows evidence of multilevel Lumbar degenerative disc disease and spinal stenosis, physician reports at the time of the request under review fail to show objective corroborating findings on neurologic exam. The request for Lumbar Epidural Steroid Injection Interlaminar Block L5-S1 is not medically necessary by MTUS.

Lumbar Facet Block L3-4 under fluoroscopy: 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) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ODG recommends Facet joint intra-articular injections (therapeutic blocks) at no more than two joint levels at any one time in patients with low-back pain that is non-radicular, with no spinal stenosis or previous fusion. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy and no more than one therapeutic intra-articular block is recommended. 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). The injured worker complains of chronic radicular low back pain and MRI reveals multilevel degenerative disc disease and spinal stenosis. In addition, documentation fails to show objective evidence of a formal plan for exercise program. The request for Lumbar Facet Block L3-4 under fluoroscopy is not medically necessary.

Lumbar Facet Block L4-5 under fluoroscopy: 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) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ODG recommends Facet joint intra-articular injections (therapeutic blocks) at no more than two joint levels at any one time in patients with low-back pain that is non-radicular, with no spinal stenosis or previous fusion. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy and no more than one therapeutic intra-articular block is recommended. 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). The injured worker complains of chronic radicular low back pain and MRI reveals multilevel degenerative disc disease and spinal stenosis. In addition, documentation fails to show objective evidence of a formal plan for exercise program. The request for Lumbar Facet Block L4-5 under fluoroscopy is not medically necessary.

Lumbar Facet Block L5-S1 under fluoroscopy: 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) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ODG recommends Facet joint intra-articular injections (therapeutic blocks) at no more than two joint levels at any one time in patients with low-back pain that is non-radicular, with no spinal stenosis or previous fusion. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy and no more than one therapeutic intra-articular block is recommended. 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). The injured worker complains of chronic radicular low back pain and MRI reveals multilevel degenerative disc disease and spinal stenosis. In addition, documentation fails to show objective evidence of a formal plan for exercise program. The request for Lumbar Facet Block L5-S1 under fluoroscopy is not medically necessary.

Fluoroscopy for Interlaminar Block: 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) Fluoroscopy.

Decision rationale: ODG recommends Fluoroscopy in guiding the needle into the epidural space during epidural steroid injections (ESI). With the ESI found not medically necessary, the request for Fluoroscopy for Interlaminar Block is also not medically necessary.

Pre-Op Lab: Complete Blood Count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. With the Epidural Steroid injection found not medically necessary, the request for Fluoroscopy for Pre-op lab: Complete Blood Count is also not medically necessary.

Pre-Op Lab: Comprehensive Metabolic Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. With the Epidural Steroid injection found not medically necessary, the request for Fluoroscopy for Pre-op lab: Complete Blood Count is also not medically necessary.