

<b>Case Number:</b>	CM15-0046151		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old male, who sustained an industrial injury on 03/16/2011. Diagnoses include lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain and right knee sprain/strain. Treatment to date has included medications, diagnostics, moist heat and cold application, consultations, TENS unit, chiropractic care, lumbar epidural steroid injections and physical therapy. Per the Secondary Treating Physician's Progress Report dated 01/28/2014, the injured worker reported lumbar spine and right knee pain. He reports that Tramadol ER is ineffective and Norco is working the best. Physical examination revealed an antalgic spastic gait. Ranges of motion are painful. There was tenderness to palpation of the lumbar paravertebral musculature with spasm. Kemp's causes pain. The plan of care included medications, epidural steroid injections and follow up care. Authorization was requested for pre-operative examination, urine drug screen, four epidural steroid injections, one follow-up visit, Diclofenac 75mg, Tramadol 50mg and Trazodone 30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 4 epidural steroid injection and diagnostic facet joint block at medial levels L3-L4, L4-L5 and L5-S1 bilaterally, completed 4/23/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The current request for 4 separate epidural steroid injections would not be supported. The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. In addition, facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. The current request for diagnostic facet joint blocks during the same procedure as 4 epidural steroid injections would not be supported. The only clinical documentation submitted prior to the requesting date of 04/23/2012 is a physician's progress report dated 02/09/2012. There was no documentation of facet mediated pain upon examination to support the necessity for facet joint blocks. Given the above, the request is not medically appropriate.

**Retrospective Pre-Operative exam on 3/21/12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Retrospective 120 Ultram 50mg dispensed 9/2/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker had continuously utilized the above medication for an

unknown duration without any evidence of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

**Retrospective 3 Lumbar Epidural Steroid Injections at disc levels L2-L3, L3-L4, L4-L5, and L5-S1 radiofrequency rhizotomy of the lumbar facet joint block at medial branch levels L3-L4, L4-L5, L5-S1 bilaterally completed on 6/4/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-1, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Facet joint diagnostic block.

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The California MTUS Guidelines recommend no more than 2 epidural steroid injections. The request for 3 separate lumbar epidural steroid injections would not be supported. In addition, the request for epidural steroid injections at L2-S1 would not be supported as the California MTUS Guidelines recommend no more than 2 nerve root levels injected using transforaminal blocks and 1 interlaminar level at each session. The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet joint pain, signs, and symptoms. There should also be documentation of a failure to respond to 4 to 6 weeks of conservative treatment. In addition, facet joint injections are not recommended for patients with low back pain that is radicular in nature. In this case, the only clinical documentation submitted prior to the procedure on 06/04/2012 is a physician progress note dated 05/08/2012. The injured worker had a noted sensory deficit in the left lower extremity in the L5 and S1 distribution, motor deficit in the bilateral lower extremities, and positive straight leg raising bilaterally. The guidelines would not support facet joint diagnostic blocks when there is evidence of radiculopathy upon examination. Given the above, the request is not medically necessary.

**Retrospective Pre-Operative Clearance completed on 5/4/12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.