

Case Number:	CM15-0061471		
Date Assigned:	04/07/2015	Date of Injury:	05/08/2002
Decision Date:	06/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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 (IW) is a 41-year-old male who sustained an industrial injury on 05/08/2002. The mechanism of injury was a lifting injury. Diagnoses include L4-5 and L5-S1 facet arthropathy, L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, and chronic lumbago, right leg radiculopathy and status post laminectomy. Treatment to date has included medications, back surgery, facet and epidural injections, facet radiofrequency nerve ablations and physical therapy. Per the IW, his most recent epidural steroid injections did not provide the same level of pain relief in the right leg as did previous injections. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 2/23/15, the IW reported low back pain with numbness extending into the bilateral buttocks and radiating down the bilateral posterior thighs. He stated pain is 6-7/10 with medications and 8-9/10 without them. The injured worker underwent facet blocks with 70% improvement. The injured worker had a subsequent radiofrequency ablation approximately 1 and half to 2 years prior to the examination with significant improvement in symptoms. The improvement lasted approximately 1 year; however, the symptoms began to return approximately 9 months prior to the examination. The physical examination revealed tenderness to palpation left greater than right L5-S1 level adjacent to the well healed scar. Sensation was intact in the bilateral lower extremities. Strength was 5/5, reflexes were 2+. The documentation indicated the injured worker had an 80% resolution of symptoms following the radiofrequency ablation. The injured worker had subjective weakness; however, no significant weakness was found on examination. The request was made for an epidural steroid injection at L4-5 and L5-S1 due to radiculopathy and stenosis. The physician

further documented on a separate day the request was made for a facet block at L4-5 and L5-S1. If the injured worker was to have residual pain following the epidural, but the facet block was diagnostic, the physician opined the injured worker may require surgical decompression at L4-5 and L5-S1 and a radiofrequency ablation at L4-5 and L5-S1. The injured worker was given a prescription for Valium 10 mg 1 by mouth at bedtime and a Medrol Dosepak and was to followup after treatment. A request was made for epidural steroid injections at L4-5 and L5-S1 for treatment of radiculopathy and stenosis; facet blocks at L4-5 and L5-S1 to confirm facet-generated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidural steroid injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% improvement in pain that is accompanied by an associated decrease in medications, as well as an associated improvement in symptoms for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had prior epidural steroid injections. However, there was a lack of documentation of at least 50% pain relief, the location for the prior injection, and documentation of a decrease in pain medications, as well as objective functional improvement for 6 to 8 weeks. Given the above, the request for 1 epidural steroid injections at L4-L5 and L5-S1 is not medically necessary.

1 facet blocks at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lock Back, - Lumbar & Thoracic (Acute & Chronic), Facet Joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address

specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The Official Disability Guidelines recommends for repeat neurotomies that the injured worker had documentation of a duration of relief from the first procedure for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had previously undergone a facet injection. There was documentation the injured worker had a radiofrequency ablation following the lumbar facet block with at least 80% resolution of symptoms for up to 1 year. However, there was a lack of documentation of improvement in function. There was a lack of documentation of a formal plan of evidence based conservative care in addition to joint therapy. Given the above, the request for 1 facet blocks at L4-L5 and L5-S1 is not medically necessary.

1 prescription of Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker would utilize the medication at bedtime. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above and the lack of documented frequency, the request for 1 prescription of Valium 10 mg #30 is not medically necessary.

1 prescription of Medrol dose pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The Official Disability Guidelines indicate that oral corticosteroids are recommended in limited circumstances for acute radicular pain and the injured worker should be aware that research provides limited evidence of effect of the medication. There should be documentation of clear cut signs and symptoms of radiculopathy. Additionally, the guidelines indicate that treatment in the chronic phase of injury should be generally after a symptom free period with subsequent exacerbation and when there is evidence of a new injury. The clinical documentation submitted for review failed to provide documentation that there was a new injury. The request as submitted failed to indicate the strength and frequency for the requested medication. Given the above, the request for 1 prescription of Medrol dose pack is not medically necessary.