

Case Number:	CM15-0067703		
Date Assigned:	04/15/2015	Date of Injury:	04/20/2010
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/09/2015

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: Pennsylvania

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 59 year old female who sustained an industrial injury on April 20, 2010. She reported falling, hitting her head on the left side. The injured worker was diagnosed as having fracture of left orbital floor per computed tomography (CT scan), fracture of left maxillary sinus antrum, concussion/head trauma (subconcussion), contusion of left orbit, contusion of left upper incisor teeth, contusion of left chest and upper left ribs, cervical spine sprain/strain, lumbar spine sprain/strain, and right foot sprain/strain. Treatment to date has included dental implants, right foot and ankle brace, crutches, and medications. Work status was noted as off work in progress notes from May to October 2014; documentation on 10/7/14 notes that the injured worker was instructed to remain off work until 4/25/15. A preoperative history and physical from May 2014 prior to planned foot surgery documented a normal neurological examination. As of the most recent progress note from 10/7/14, the injured worker complained of neck and back pain with painful and tight head, left eye, left shoulder, left upper chest, wrists, hands, lower back, lower legs, right foot and right ankle. The injured worker reported lumbar spine pain and spasms worsened with pain going from a 6/10 to 9/10, and spasms 5/10 to 9/10. The injured worker reported right foot and ankle pain, spasm, and edema worsened with pain in the right ankle having gone from a 5/10 to a 9/10. Physical examination was noted to show pain and edema of right ankle and pain and spasms of lumbar spine with decreased range of motion (ROM). No neurological examination was discussed. No imaging reports were submitted. On 3/23/15, Utilization Review non-certified requests for interlaminar epidural steroid injection (ESI) C5-6 and C6-7, transforaminal epidural steroid injection bilateral

L5-S1 roots, facet blocks C4-5, C5-6, C 6-7 bilateral, and facet blocks L4-5, L5-S1, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar ESI at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The side to be injected was not specified. The MTUS states that no more than one interlaminar level should be injected at one session; this request was for two levels. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. No recent neurological examination was documented and the only neurological examination in the documents submitted, from May 2014, was noted as normal. No imaging reports or electrodiagnostic testing were submitted. Due to the lack of evidence of radiculopathy by examination and lack of corroborating imaging to be reviewed, the request for Interlaminar ESI at C5-C6 and C6-C7 is not medically necessary.

Transforaminal ESI bilateral L5-S1 roots: Upheld

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

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The side to be injected was not specified. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. No recent neurological examination was documented and the only neurological

examination in the documents submitted, from May 2014, was noted as normal. No imaging reports or electrodiagnostic testing were submitted. Due to the lack of evidence of radiculopathy by examination and lack of corroborating imaging to be reviewed, the request for Transforaminal ESI bilateral L5-S1 roots is not medically necessary.

Facet blocks at C4-C5, C5-C6 and C6-C7, bilateral: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint injections, facet joint diagnostic blocks.

Decision rationale: The ACOEM neck and upper back chapter states that facet injections of corticosteroids are not recommended. The ODG states that facet joint diagnostic blocks are recommended prior to facet neurotomy. Criteria for use include a clinical presentation consistent with facet joint pain. Criteria for use of diagnostic blocks for facet nerve pain also stat that such blocks should be at no more than two levels bilaterally. This injured worker has chronic neck pain. There was no documentation of plan for facet neurotomy. The request was for injection of three levels, which is not consistent with the criteria as noted. Due to lack of treatment plan in accordance with the guidelines, and number of levels to be injected in excess of the guidelines the request for Facet blocks at C4-C5, C5-C6 and C6-C7, bilateral is not medically necessary.

Facet blocks L4-L5 and L5-S1: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint injections, facet joint diagnostic blocks.

Decision rationale: Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and non-steroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. This injured

worker has chronic low back pain. In this case, there was no documentation of failure of conservative treatment including home exercise and physical therapy. There was no documentation of plan for facet neurotomy. Due to lack of documentation of failure of conservative therapy and lack of treatment plan in accordance with the guidelines, the request for Facet blocks L4-L5 and L5-S1 is not medically necessary.