Case Number:	CM15-0097795		
Date Assigned:	05/29/2015	**Date of Injury:**	09/11/2013
Decision Date:	07/01/2015	**UR Denial Date:**	05/05/2015
Priority:	Standard	**Application Received:**	05/21/2015

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
Certification(s)/Specialty: Family Practice

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 55 year old male who sustained a work related injury September 11, 2013. Past history included L5-S1 posterior spinal fusion. An MRI of the thoracic spine, dated 11/15/2014(report present in medical record), revealed degenerative discopathy with disc bulging and a disc protrusion at T7-T8. A CT scan of the lumbar spine, dated 3/19/2015 (report present in medical record), revealed s/p lumbosacral junction fusion with stable, no change in grade I spondylolisthesis, no evidence of loosening hardware; multilevel degenerative change without focal disc protrusion or spinal/neural foraminal stenosis. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented with pain over the left lower lumbar region around L4. Physical examination revealed he stands erect, sitting leg raise causing a pulling sensation over the posterior distal thigh, negative to the left. Impression is documented as acute or chronic lower back and leg pain, in the setting of diffuse lumbar degenerative disease and a solid L5-S1 fusion. At issue, is the request for authorization for a pre-injection consultation and lumbar epidural injection versus medial branch block (MBB).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Pre-Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet/Medial Branch Block.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections as a treatment modality. An ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records are unclear as to whether this patient has the primary indication for an ESI; specifically, there is insufficient evidence that the patient's symptoms are caused by a radiculopathy of the lumbar spine. For this reason, an ESI of the lumbar spine is not considered as medically necessary. The Official Disability Guidelines comment on the use of a medial branch block as a diagnostic and as a treatment modality. These guidelines state the following: Facet/medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. In this case, there is insufficient documentation to indicate that the patient has signs or symptoms of facet syndrome to warrant a medial branch block. The rationale for the use of this block is not stated in the available records. For this reason, a medial branch block is not considered as medically necessary. In summary, neither an ESI or MBB is medically justified. Both are not considered as necessary. In this case, the request is for a pre-injection consultation. The injections being considered are the above cited epidural steroid injection and the facet/medial branch block. As noted, there is no justification based on the MTUS and the Official Disability Guidelines for either treatment. Without an indication for either treatment, there is no justification for a pre-injection consultation. This consultation is not considered as medically necessary.

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet/Medial Branch Blocks/Diagnostic/ Therapeutic.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections as a treatment modality. An ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records are unclear as to whether this patient has the primary indication for an ESI; specifically, there is insufficient evidence that the patient's symptoms are caused by a radiculopathy of the lumbar spine. For this reason, an ESI of the lumbar spine is not considered as medically necessary.

Medial branch 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-Treatment in Workers' Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet/Medial Branch Blocks/Diagnostic/Therapeutic.

Decision rationale: The Official Disability Guidelines comment on the use of a medial branch block as a diagnostic and as a treatment modality. These guidelines state the following: Facet/medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. In this case, there is insufficient documentation to indicate that the patient has signs or symptoms of facet syndrome to warrant a medial branch block. The rationale for the use of this block is not stated in the available records. For this reason, a medial branch block is not considered as medically necessary.