

<b>Case Number:</b>	CM13-0008462		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65 year old male with a date of injury of 4/1/2003. There is a request for one transforaminal epidural steroid injection (ESI) on the right at L4 and L5, one facet injection on the right at L4-5 and one MRI scan of the lumbar spine. The patient has complaints of chronic LBP. There is no documentation of prior failed conservative treatment measure such as physical therapy or a home exercise program. There is also a lack of image documentation of facet involvement in the records. MRI in 2009 shows multilevel disc degeneration with L2-3 and L4-5 degeneration and L4-5 disc bulge. X-rays show L4-5 grade 1 degenerative spondylolisthesis. The patient has ESI in 2009 with some relief documented as 90% relief of symptoms. Physical exam does not show radiculopathy but does show decreased range of back motion. The patient on multiple pain medications to include Norco and NSAID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A transforaminal ESI on the right L4-5: Upheld**

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

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

**Decision rationale:** Current guidelines indicate ESI use for chronic pain with documented radiculopathy supported by both physical exam and imaging findings. The pain should be unresponsive to conservative measures to include physical therapy. These criteria are not met present in this case. Also, ESIs are not recommended for low back pain without radiculopathy as in this case. Also, ESIs performed at the same time as facet injections are not recommended because the results and side effects of each are too difficult to determine. Also, the specific benefit from the previous ESI is not clearly documented. While 90% pain relief is mentioned in the records, there is no mention of the exact duration of the pain relief and whether or not it was transient relief of pain for a very short period time. The request for an ESI is not medically necessary and appropriate.

**A facet joint injection at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 308.

**Decision rationale:** Facet injections are of questionable merit and should not be performed in patients who have not tried and failed other meaningful conservative measures. The pain should be unresponsive to conservative measures to include physical therapy. These criteria are not met in this case. Also, a plan for conservative measures is not detailed or described in the medical records. Facet injection is not medically necessary. Also, performing facet injections at the same time as epidural steroid injections are not indicated because it is difficult to determine the results and complications of each. The request for a facet joint injection is not medically necessary and appropriate.

**An MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient has chronic low back pain without documented nerve root deficit or radiculopathy. There are no red flag indicators for mri such as concern for fracture or tumor. The patient has not had a documented trial of physical therapy. Established criteria for MRI of the lumbar spine not met. Also, the patient already had an MRI in 2009 showing degenerative lumbar changes and there is no documented significant symptom or exam change. The request for an MRI of the lumbar spine is not medically necessary and appropriate.