

Case Number:	CM13-0028830		
Date Assigned:	11/27/2013	Date of Injury:	02/05/2000
Decision Date:	03/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 32-year-old male with date of injury 2/5/00. The request is for authorization of L5/S1 facet injection. Utilization review determination was made on 9/13/13 for denial of the injection based on lack of medical necessity. The primary treating physician progress report dated 9/4/13 indicates the patient is status post surgical L4/L5 fusion in 2000. The diagnosis is chronic intractable axial lower back pain, left buttock pain, left lateral and posterior lateral thigh pain, and anterior thigh pain. The examination findings include significant straight leg raise on the left and equivocal weakness and left plantar flexion and dorsiflexion 4+/5. MRI findings dated 7/17/13 indicates moderate to severe bilateral L5 foraminal stenosis and spondylosis with retrolisthesis at L5-S1 as well as moderate canal stenosis at L3-4 as well as annular tear at L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Facet Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) guidelines on Lumbar Facet joint signs & symptoms

Decision rationale: The patient presents with chronic back pain and left leg symptoms with previous L4/5 fusion. In reviewing the 9/4/13 treating physician report as well as previous reports dated 8/13/13, 7/17/13, and 6/19/13 it is clear that the patient has radicular complaints as well as chronic low back pain. On 7/17/13 the treater states "he continues to have significant lower back pain as well as bilateral lower extremity pain, severe tension signs in both legs, paresthasias in the buttock and thigh". On 8/13/13 the treater states "he continues to experience axial low back pain, he also experiences numbness to the anterior thighs. The back pain radiates to the buttocks. Tenderness to palpation about the lower lumbar spine, left greater than right. He has increased pain with lumbar extension. He has positive straight leg raise bilaterally". On 9/4/13 the treater states "he continues to have significant back and left leg symptoms, he does have significant straight leg raise, paresthasias in the buttock and thigh, equivocal weakness in the left plantar flexion in dorsiflexion of 4+/5. In light of this I am recommending again epidural injections for the L5 foraminal stenosis as well as facet joint injections because of the instability". The Chronic Pain Medical Treatment Guidelines do not address facet injections. The Official Disability Guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. The objective information provided by the treater along with the fact that the patient appears to also be receiving a lumbar Epidural Steroid Injection does not support the criteria for facet joint injection. Therefore the request for L5-S1 Facet Injections is not medically necessary. .