

Case Number:	CM13-0035327		
Date Assigned:	12/13/2013	Date of Injury:	04/22/2013
Decision Date:	04/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Physical Medical & Rehabilitation, 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 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/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 female who sustained a work related injury on 4/22/13 and subsequently developed left-sided back pain. Her symptoms of back pain did not improve Final Determination Letter for IMR Case Number [REDACTED] adequately with medication and exercise and she was referred to [REDACTED]. On examination, he noted left-sided lower lumbar tenderness with muscle tightness along with left-sided notch tenderness. Sensation, muscle and reflex testing were normal. Straight leg raising test was negative. Range of motion of the hip was also normal. Lumbar extension and rotation were more limited than flexion. MRI of the lumbar spine was recommended which was completed on 9/30/13. The study showed posterior decompression and instrumentation at L4-5 with 8 mm of anterolisthesis but no central canal or significant neural foraminal narrowing, some adjacent segment disease at L3-4 with some facet disease and ligamentum flavum hypertrophy with mild disk bulge creating mild to moderate central canal narrowing. Therefore, L3-4 and L5-S1 bilateral facet injections were recommended. Independent reviewer, [REDACTED], did not certify this procedure because of lack of medical evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4 AND L5-S1 FACET INJECTION OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 257, Postsurgical Treatment Guidelines.

Decision rationale: There is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients that had a positive response to facet injections, however, there are no recommendations regarding lumbar facet procedures. ODG TWC Pain guidelines within the lumbar spine and facet joint intra-articular injections section states that these procedures are under study and current evidence is conflicting. There is no convincing clinical or MRI evidence to suggest facet mediated pain at the L3-4 and L5-S1 levels in this patient. Therefore, bilateral facet injections are not clinically indicated.