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| Case Number: | CM13-0044672 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/24/2012 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of May 24, 2012. Treatment to date has included medications, physical therapy, chiropractic care, and lumbar epidural steroid injections. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain with radiating pain and numbness of the legs. The patient also described difficulties with self-care, personal hygiene, physical activities, heavy lifting, driving, and sleep. On physical examination, the spine was straight but the left iliac crest appeared to be slightly inferior when compared to the right. There were diminished reflexes at \dot{A} ¹/₄ at the ankles bilaterally. Sensory examination revealed paresthesia in the L5 and S1 dermatomes. Ankle flexors were weak at 4/5. Palpation revealed mild to moderate guarding of the lumbar musculature but no spasms or swelling were noted. Lumbar spine range of motion was limited with pain in all planes. There was bilateral calf pain on heel walking and lumbar pain on toe walking. An EMG/NCV study dated 1/15/13 showed bilateral S1 radiculopathies with active denervation. An MRI of the lumbar spine without contrast dated 8/26/13 showed degenerative disc disease of the lower lumbar spine; L5-S1 bulge with small central disc protrusion and facet arthrosis with ligamentum flavum redundancy, greater on the left, with mild encroachment of the left lateral recess and minimal bilateral neural foraminal narrowing; L4-5 small central disc protrusion and dorsal annular fissure, facet arthrosis, minimal canal narrowing, and no significant neural foraminal narrowing; and L3-4 small left paracentral/lateral recess disc protrusion with dorsal annular fissure with mild encroachment of the left lateral recess and mild canal narrowing. Utilization review from October 23, 2013 denied the request for bilateral lumbar L5-S1 facet joint injections because the medical reports did not support a diagnosis of facet mediated pain or facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBER L5-S1 PARAVERTEBRAL FACET INJECTION UNDER FLUOROSCOPY GUIDANCE: Upheld

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

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

Decision rationale: According to page 300 of the Low Back Complaints ACOEM Guidelines, facet injections are supported for non-radicular facet-mediated pain. In addition, guidelines state that criteria for facet injections include documentation of low back pain that is non-radicular; failure of conservative management; and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the medical records showed electrodiagnostic findings of radiculopathy, which is a contraindication to facet injections. Furthermore, there was no discussion regarding failure of conservative management and there was no evidence of a plan for additional evidence-based exercises. Therefore, the request for bilateral lumbar L5-S1 paravertebral facet injection under fluoroscopy guidance is not medically necessary and appropriate.