

Case Number:	CM13-0048908		
Date Assigned:	06/09/2014	Date of Injury:	11/17/2012
Decision Date:	07/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/06/2013

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 Occupational Medicine 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:

This female patient was injured on 11/17/2012. The mechanism of injury is unknown. The patient underwent transforaminal epidural steroid injection (TFESI) (TFESI) bilateral L5-S1 on 08/26/2013. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine dated 05/07/2013 revealed transitional vertebra and prominent hypertrophic changes at facet joints of L5-S1 level bilaterally. There are mild narrowings of both neural foramina. There is mild degree of central stenosis secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum and 6mm of anterolisthesis of L5 over S1. Follow report dated 09/26/2013 states the patient reported improvement since receiving a transforaminal epidural steroid injection at L5-S1 but is now having numbness and tingling sensations. She rated his pain 8/10 in bilateral low back. On exam, straight leg raise is positive bilaterally at 90 degrees; Lasegue's test is also positive bilaterally at 90 degrees. There is still moderate tenderness, bilateral lumbar facets, L4-5 and L5-S1 with 3+ muscle spasm. Assessment is symptomatic spondylolisthesis at L5-S1 with advanced lumbar spondylosis affecting facet joints L4-5 and L5-S1 with 70% relief in the radiculopathy after TFESI. The plan is lumbar spine flexion-extension films to rule out segmental instability at the L5-S1 listhesis. Prior utilization review dated 10/04/2013 states the request for bilateral L4-5, L5-S1 diagnostic facet injections under fluoroscopic guidance and conscious sedation is not authorized. With evidence of radiculopathy on exam, the medical necessity for the request is not evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 diagnostic facet injections under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, facet injections.

Decision rationale: The CA MTUS guidelines do not address the criteria for facet injections. As per the Official Disability Guidelines (ODG), facet injections are not recommended for the patient with an active radiculopathy. The ODG recommends facet injections are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical records document an active radiculopathy with spondylolisthesis and there is documentation that the patient had improvement with prior trial of epidural steroid injection (ESI). ESIs are indicated for radicular pain. Thus, based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request for bilateral L4-5, L5-S1 diagnostic facet injections under fluoroscopic guidance and conscious sedation is not medically necessary.