

Case Number:	CM13-0055089		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2011
Decision Date:	03/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68-year-old female with a date of injury of March 4, 2011. The mechanism injury was that the patient fell out of a chair and hit her right knee on the floor. Since then she has developed compensatory pain in the left hip, bilateral legs and low back. She is status post (s/p) right arthroscopic knee surgery meniscus on January 7, 2013 and an arthroscopic right meniscal repair on December 19, 2011. The provider is requesting one (1) bilateral facet injection at L4-L5 and L5-S 1, and a follow up two (2) weeks after the injection. A lumbar spine MRI dated June 01, 2013 showed evidence of mild hypertrophic facet changes at L4-5 and moderate hypertrophic facet changes at L5-SI. The patient has had two (2) sacroiliac (SI) injections on the left. The primary treating physician's progress report (PR-2) from [REDACTED] dated December 11, 2013 reveals that the patient came in for lower back and left leg pain. A November 12, 2013 letter to the claims examiner from [REDACTED] states that patient underwent bilateral transforaminal epidural steroid injection at L4-L5 on August 19, 2013. When she returned for follow up after this injection she states she had more relief of her right-sided back pain and leg pain, but her left-sided symptoms remained unchanged. It has been requested that the patient undergo bilateral facet injections at L4-L5 and L5-SI for diagnostic purposes. She did get some relief from the transforaminal epidural steroid injection as stated above, but continued to have ongoing symptoms. He states that this test is for diagnostic purposes, as the patient could be a good candidate for a procedure, such as facet rhizotomies, but this cannot be determined until we see if the patient gets any type of relief with facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral facet joint injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar: Facet joint diagnostic blocks (injections).

Decision rationale: The patient was recommended to have the bilateral facet injections as a diagnostic step prior to a facet rhizotomy. The ACOEM guidelines state that facet neurotomies should only be performed after an appropriate investigation involving medial branch blocks, but that the literature regarding lumbar facet neurotomy reveals mixed results in regards to relief of pain. Additionally the ODG states that the patient's symptoms should be limited to the back and non-radicular. Although the patient has a negative straight leg raise on clinical exam, she has leg pain and is on Cymbalta for nerve pain. She also has decreased leg reflexes and decreased sensation in her leg, which suggest a neuropathic etiology. For these reasons bilateral facet injections are not medically necessary or appropriate.

One (1) follow-up two (2) weeks after the injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar, Office visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.