

Case Number:	CM13-0060611		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2010
Decision Date:	05/08/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Medicine and Rehabilitation, 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 a 73-year-old female who was injured on 06/08/2010. The mechanism of injury is unknown. EMG findings were consistent with a left L4-L5 radiculopathy. PR2 dated 11/14/2013 states was giving classic signs of left-sided L4-L5 radiculopathy. She underwent an epidural steroid injection at L4-L5 and L5-S1 which she got a lot better from but then started to develop bilateral low back pain and continued to have pain radiating down the left leg. The patient has had significant resolution of radicular symptoms; however, she still needs a leg walker to ambulate due to the foot drop. The pain level was noted at a 3/10 bilateral low back. Physical examination showed a negative straight leg raise bilaterally. Facet provocation is positive bilaterally. There was moderate tenderness over the lumbar facets L3-L4, L4-L5, L5-S1 with muscle spasms. Diagnoses was lumbar spondylosis, spinal stenosis at L4-L5, L4-L5, L4-L5 disc herniation, EMG (Electromyography) evidence of left L4-L5 radiculopathy, left foot drop, frequent cellulitis and lymphedema of the left leg and status post bacterial pneumonia. The plan was for a diagnostic therapeutic bilateral lumbar facet joint injection at L3-L4, L4-L5, and L5-S1 and if successful, to proceed with radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTION FOR BILATERAL L3-L4, L4-L5, L5-S1: 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) Facet Joint Blocks-Lumbar, Injections

Decision rationale: According to the ODG, the injections are recommended at not more than 2 levels. The request is for 3 levels and there was no additional plan for physical therapy, exercise, or physical activity to be used in conjunction with the facet joint injections. Based on this, it does not meet the ODG guidelines. Therefore, the request for facet joint injection for bilateral L3-L4, L4-L5, L5-S1 is not medically necessary and appropriate.