

Case Number:	CM13-0069251		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2011
Decision Date:	06/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 status post right L5 hemilaminectomy, MRI evidence of synovial cyst on the central right S1 nerve root and moderate to severe right and mild to moderate left neuroforaminal narrowing noted on L5-S1 secondary to facet arthropathy associated with an industrial injury date of May 27, 2011. Treatment to date has included oral and topical analgesics, epidural and nerve blocks, spine surgery, physical therapy, chiropractic therapy and home exercise. Medical records from 2013 were reviewed and showed low back pain, more on the right, with weakness and numbness of the lower extremities. Physical examination showed diffused paraspinal tenderness and a positive straight leg raising test bilaterally, worse on the right at 45 degrees and 60 degrees on the left. There were no sensory or motor deficits noted, however he has slight difficulty with heel standing on the right compared to the left, suggestive of mild S1 weakness on the right. MRI was obtained on 08/12/2013 and revealed significant facet disease on the right side at L5-S1, mild scarring at the right L5-S1 due to prior laminectomy, and a right-sided 7mm facet cyst that is causing direct compression, displacement and encroachment of the right S1 nerve causing a mass effect. Utilization review dated December 12, 2013 denied the request for L5-S1 facet injection and facet cyst aspiration to right L5/S1 until ESI is tried as there are 2 suspicious sources for the radiculopathy, and these need to be evaluated individually.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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 Chapter, Facet joint injection.

Decision rationale: Page 300 of the CA MTUS ACOEM supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of failure of conservative treatment (physical therapy) prior to the procedure for at least 4-6 weeks. In this case, medical records submitted for review indicate that the patient underwent physical therapy. However, the number of therapy sessions as well as response to treatment was not documented which is needed as evidence for failure of conservative management. Furthermore, based on the subjective complaint of low back pain more on the right with weakness and numbness of the lower extremities; and objective findings of positive straight leg raising test bilaterally, worse on the right and slight difficulty with heel standing on the right compared to the left, suggestive of mild S1 weakness on the right; patient did not manifest with a non-radicular facet mediated pain which is the guideline criteria for facet injection. Furthermore, the present request did not specify the laterality for injection. The medical necessity for a facet block injection appears to be inconsistent with the MTUS guidelines noted above. Therefore, the request for L5-S1 facet injection is not medically necessary.

FACET CYST ASPIRATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injections, Diagnostic.

Decision rationale: CA MTUS does not address this issue. The ODG Low Back Chapter was used instead. ODG states that epidural steroid injections are recommended for diagnostic purposes to help to identify the origin of pain in patients who have had previous spinal surgery, and to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive. In this case, recent MRI of the lumbar spine showed 2 possible causes of radiculopathy: significant facet disease on the right side at L5-S1 with scarring and a right-sided 7mm facet cyst directly compressing the right S1 nerve. A diagnostic epidural steroid injection is warranted prior to undergoing facet cyst aspiration as the 2 suspicious sources for the radiculopathy should be evaluated individually. Furthermore, the patient has undergone right L5 hemilaminectomy on May 2012 however there was no mention of findings of a facet cyst at that time. This shows that the patient has developed an intercurrent facet cyst, which may or may not explain the patient's current symptoms. Facet cyst aspiration is neither reasonable nor necessary as the reason for procedure at it is unrelated to the compensable injury. Therefore, the request for facet cyst aspiration is not medically necessary.

