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| <b>Case Number:</b>   | CM13-0072194 |                              |            |
| <b>Date Assigned:</b> | 01/17/2014   | <b>Date of Injury:</b>       | 07/01/2011 |
| <b>Decision Date:</b> | 04/28/2014   | <b>UR Denial Date:</b>       | 12/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2013 |

### 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:

The patient has submitted a claim for low back and right leg pain with an industrial injury date of July 1, 2011. Treatment to date has included medications, epidural steroid injection, physical therapy, home exercises, and chiropractic treatment. Utilization review from December 3, 2013 denied the request for L4-L5 and L5-S1 facet joint injection under fluoroscopy because the patient had complaints of radiating pain from the low back and because it was unclear if the patient has completed a course of conservative therapy. The review also denied the request for a second opinion consultation with a neurosurgeon because the documentation submitted showed no specific complaints of neurologically related symptoms. Medical records from 2013 were reviewed, which showed that the patient complained of low back and right leg pain, rated 2-6/10. Any kind of prolonged repetitive activities or heavy-duty activities aggravated the pain. Right leg pain was noted to improve after transforaminal epidural steroid injection, although pain relief was not quantified. Presently, the patient is working full duty. On physical examination, his gait was mildly antalgic. Examination of the lower extremities showed normal muscle strength, reflexes, and sensation. Straight leg raising test in the sitting position was negative. Examination of the lumbosacral spine revealed lumbosacral paraspinal muscle spasm with tender areas of the right lower lumbosacral facet joint. The medical notes indicated that the primary working impressions were low back pain, right leg pain, facet arthropathy, and lumbosacral radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **THE REQUEST FOR L4-L5 AND L5-S1 FACET JOINT INJECTION UNDER FLUOROSCOPY:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to page 300 of the ACOEM Low Back Chapter, facet injections are supported for non-radicular facet mediated pain. In this case, the medical notes provided with this review indicated that the patient previously complained of radiating pain from the lower back. The patient was given lumbar epidural steroid injections which helped the right leg symptoms; no objective measures was noted. There were no imaging reports noted to confirm facet mediated pain or rule out radiculopathy. Therefore, the request is not medically necessary.

## **THE REQUEST FOR SECOND OPINION CONSULTATION WITH NEUROSURGEON: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7), page 127, 156.

**Decision rationale:** According to pages 127 and 156 of Chapter 7 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, a complete neurological examination indicating the presence of neurologic deficits was not included in the medical reports. In addition, there was no discussion regarding the uncertainty or complexity of the case or the diagnosis. Lower levels of care were not exhausted. Therefore, a second opinion consultation with a neurosurgeon is not medically necessary.