

Case Number:	CM14-0008500		
Date Assigned:	02/12/2014	Date of Injury:	04/27/2004
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 is a 53-year-old male with a 4/27/04 date of injury to his lower back. He was seen on 12/30/13 given he was having worsening low back pain over the last 4 months as well as pain-radiating to the left leg to the foot. The patient is noted to be working. He wears a back brace for support. He takes Tramadol 4 times daily for pain and would like another injection. Exam findings reveal restricted lumbar range of motion with muscle tightness paraspinally. There is decreased sensation over the lateral calf on the left and the left foot. Straight leg raise caused severe pain on the left. His diagnosis is left lumbar radiculopathy and low back pain secondary to facet arthropathy. The patient is also noted to have severe difficulty with axial loading on standing. The treatment to date included multiple lumbar epidural steroid injections (LEIS) with good benefit, medications, and a brace. On 7/7/10 an MRI of the Lumbar (L) spine L5-S1 revealed severe narrowing of the disc space with endplate irregularity, 4mm retrolisthesis of L5, flattening of the S1 nerve exiting the thecal sac, L5/S1 disc degeneration with posteriolateral disc osteophyte complex measuring 4-5mm; facet arthropathy at L4/5, and L5/S1 with moderate to severe right and moderate left foraminal stenosis. A UR decision dated 1/13/14 denied the request given there was no plan identified with regard to diagnostic benefit vs. therapeutic benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 FACET JOINT INJECTIONS QTY:1.00: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back Chapter-Facet Injections).

Decision rationale: The California MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. The patient has a history of radicular low back pain with his last epidural documented in 2011, which caused great relief to the patient's low back and radiating leg pain. His most recent complaints are of low back pain with lower extremity radicular pain as well as focal neurological deficits on exam in the left leg. The most recent MRI is from 2010, which showed facet arthropathy and foraminal stenosis. It is unclear why a facet injection to L4/5 and L5/S1 is now being requested as prior epidurals worked well for the patient. In addition, it is unclear if these injections are meant to be intraarticular or medial branch blocks. Given the type of injections is unclear, and there is no clear rationale for facet injections as epidurals have helped the patient in the past and there is no updated imaging of the L spine; the request for bilateral L4-L5 facet joint injections were not medically necessary.

BILATERAL L5-S1 FACETS JOINT INJECTIONS: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Injections.

Decision rationale: The California MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. The patient has a history of radicular low back pain with his last epidural documented in 2011, which caused great relief to the patient's low back and radiating leg pain. His most recent complaints are of low back pain with lower extremity radicular pain as well as focal neurological deficits on exam in the left leg. The most recent MRI is from 2010, which showed facet arthropathy and foraminal stenosis. It is unclear why a facet injection to L4/5 and L5/S1 is now being requested as prior epidurals worked well for the patient. In addition, it is unclear if these injections are meant to be intraarticular or medial branch blocks. Given the type of injections is unclear, and there is no clear rationale for facet

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