

Case Number:	CM14-0016899		
Date Assigned:	04/11/2014	Date of Injury:	06/21/2010
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 54 year old male who was injured on 06/21/2010. He had another work-related injury in which his previous symptoms had been aggravated which was noted on 06/21/2010. Prior treatment history has included 3 epidural injections, medical therapy with Motrin, and physical therapy. He has been on Ultram 150 mg and Theramine with good relief. Diagnostic studies reviewed include x-rays from 03/03/2014 show a 4.4 mm of retrolisthesis at L4-5 as well as spondylosis at L5-S1. MRI scan from February 2013 reveals significant foraminal stenosis at both of these levels as well as spondylosis and annular tears at both these levels. MRI of the lumbar spine dated 11/23/2010 reveals a 2 mm multilevel disk bulge at L4-L5. MRI of the lumbar spine dated 02/01/2013 reveals a 3 mm broad-based circumferential posterior disk/endplate osteophyte complex at L4-L5 level indenting the anterior aspect the thecal sac and encroaching into both subarticular gutters. There is mild narrowing of both neural foramina and partial obliteration of the lateral recesses. PR2 dated 07/01/2013 states the patient has complaints of low back pain and left leg pain. The left leg pain and numbness radiates to the buttock and thigh to the top part of his foot. He rates his pain as 3-4/10 and radiates up to 6-7/10. He states that 70% of his symptoms are lower back and 30% left leg. He was made permanent and stationary in 2007 and he had 100% resolution of these symptoms. He was recommended physical therapy with Med-X machines two times a week for 4 weeks. He is recommended Neurontin 200 and instructed to continue with Motrin. The patient is diagnosed with low back pain, disc protrusion at L2-3, which has caused bilaterally L3 radiculopathy clinically; and depression with anxiety. It is believed that the patient would benefit from facet joint injection at L4-5 due to the significant facet arthropathy and fluid in the facet joints, if Ultram loses efficacy. PR2 dated 03/10/2014 indicates he is relatively stable with his back pain by using medications. Again, he does occasionally have shooting pain down to both legs, which is mainly distributed

along the medial side of both thighs. The patient is diagnosed with low back pain, disc protrusion at L2-3, which has caused bilateral L3 radiculopathy clinically; depression and anxiety. Progress note dated 03/14/2014 reports the patient continues to have back pain, pain in both legs as well as numbness and tingling in his toes. He rates the pain 5/10 to 7/10 at the end of the day. He is taking Motrin and Flexeril. On exam, the patient can ambulate without an antalgic gait. The patient can heel and toe walk without difficulty. Range of motion is decreased on flexion at 40 and extension at 15. Motor exam reveals 5/5 hip flexion, hip abduction, hip adduction, knee extension, hamstrings, EHL, tibialis anterior and gastrocsoleus. Paresthesias on the buttock and thigh on the left side; Reflexes are 1/4 and symmetric in the quads and the Achilles. On assessment, it was noted that the previous low back pain, left leg pain, from injury dated 05/03/2005, with 100% resolution of those complaints with extensive nonoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET JOINT INJECTION, L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: As per the ACOEM guidelines, second edition 2004, chapter 12 therapeutic facet joint injections: "Criteria for use of therapeutic intra-articular injections are as follows: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy. No more than two joint levels may be blocked at one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records that were reviewed contain minimal documentation of physical examination and prior interventions. Furthermore, an assessment of the functional improvements from prior treatments is not document. However, the provider note dated March 14, 2014 does minimally demonstrate the criteria stated above. Therefore the requested service is medically necessary.