

Case Number:	CM14-0017713		
Date Assigned:	04/25/2014	Date of Injury:	06/14/2012
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation, 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 53-year-old male who was injured on 06/14/2012 while lifting a compressor into the recycling bin when he felt a sharp pain in his back. Prior treatment history has included medication and physical therapy. He has tried back brace, hot packs/heating pad, ice packs and massage. The medications are as follows: Tramadol 50 mg, Tizanidine 4 mg, Ibuprofen 200 mg, Aleve 220 mg, and Prevastatin 20 mg. The diagnostic studies reviewed include an MRI (magnetic resonance imaging) of the lumbar spine dated 07/09/2013 which revealed: central broad-based disc protrusion/osteophyte complex at the T11-T12 disc space causing moderate central stenosis, and mild ventral wedging of the T11 vertebral body as viewed on scout images. Only the lower half of the vertebral body was included on the rest of the study. No marrow edema on this portion of the vertebral body was seen. Mild degenerative disc disease at the L2-L3 and L4-L5 disc levels without significant central or foraminal stenosis. An x-ray of the lumbar spine dated 05/30/2013 revealed stable appearance with minimal degenerative change. The initial patient consultation dated 02/03/2014 reveals review of systems to show neurological weakness and reduced range of motion. Objective findings on examination of the lumbar spine revealed tender to palpation L4-5, L5-S1 disc space and facets joints, right greater than left. Range of motion flexion 35 degrees, extension painful at 15 degrees, right lateral bending 20 degrees and left lateral bending 20 degrees. Motor is symmetric to manual muscle testing. Sensory is symmetric to pinprick and light touch. Reflexes: 1-2+ right and left quadriceps, 1-2+ right gastrocnemius, and 2+ left gastrocnemius. Gait was antalgic. Supine straight leg raise positive on the left. The recommendation/Plan include: spine injections under fluoroscopy will be performed - right L3-4, 4-5, L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT L3/4, L4/5, L5/S1 FACET JOINT INJECTION UNDER FLUOROSCOPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

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 - LUMBAR & THORACIC (ACUTE AND CHRONIC), FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: The CA MTUS guidelines do not specifically discuss the issue in dispute and hence the Official Disability Guidelines (ODG) has been consulted. As per ODG, "clinical presentation should be consistent with facet joint pain, signs & symptoms." In this case, this patient has chronic low back pain. The treatment history includes physical therapy, medication, back brace, massage, ice/hot packs, and medications. On exam, there was facet joint tenderness over L4-5 and L5-S1, right greater than left, but not documentation of facet tenderness at L3-4. The lumbar MRI (magnetic resonance imaging) showed no evidence of facet osteoarthritis at the proposed levels of L3-4, L4-5, and L5-S1. Additionally, the request is for 1 right L3/4, L4/5, L5/S1 (3 levels) facet joint injection under fluoroscopy; however, ODG recommends no more than 2 facet joint levels are injected in one session. Thus, the medical necessity has not been established and the request is non-certified.