

Case Number:	CM14-0123437		
Date Assigned:	08/08/2014	Date of Injury:	07/23/2014
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 injured worker is a male with date of injury 3/7/2012. Per primary treating physician's progress report dated 7/9/2014, the injured worker complains of back pain radiating from low back down left leg, and left shoulder pain. He rates his pain with medications as 5/10 and without medications 7/10. His activity level has increased. Prior procedures include 1) left lumbar facet joint injection L3, L4, L5, S1 on 3/22/2013 2) left lumbar facet joint injection/block L3, L4, L5, S1 and joint aspiration on 1/31/2014. Prior imaging include 1) flexion and extension x-ray of L-spine 11/9/2012 2) MRI L-spine 7/12/2012 3) MRI left shoulder 5/14/2012 4) x-ray L-spine and C-spine on 3/12/2012. On examination his gait is antalgic and slowed without the use of assistive devices. Lumbar spine range of motion is restricted with flexion limited to 50 degrees limited by pain, extension limited to 15 degrees, limited by pain and extension very limited by pain. On palpation, paravertebral muscles have hypertonicity, spasm, tenderness, tight muscle band bilateral but greater on the left side. Lumbar facet loading is positive on the right side. He had walk on heels and toes. Straight leg raising test is negative. Ankle jerk and patellar jerk are 2/4 bilateral. Tenderness is noted over bilateral facet joints, left side much worse than right side. Lower extremity strength is 5/5. Sensory examination is intact to pin prick throughout. Diagnoses include 1) lumbar facet syndrome 2) spondylolisthesis 3) shoulder pain 4) cervical pain 5) history of stroke 6) possible post-concussion syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion and extension X-rays of the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- (X-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: X-rays of the lumbar spine with lateral flexion and extension views are requested to rule out instability of the spine. The flexion and extension views from prior x-rays are reported to be not sufficiently written and several years old. The MTUS Guidelines "do not recommend the use of x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, x-rays may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause." The injured worker has already had imaging studies of the lumbar spine and there has not been any acute trauma, clinical findings, or history that would indicate a need for additional imaging. The request for flexion and extension X-rays of the lumbar spine is considered not medically necessary.

Lumbar facet injections L3, L4, L5 and S1, on the right with joint aspirations.: Upheld

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.

Decision rationale: The requesting physician reports that the injured worker still has excellent relief on the left side following 1/2014 lumbar facet injections with joint aspiration. The request is for lumbar facet joint injections (4 total) at L3, L4, L5 and S1 on the right. There is tenderness to palpation of left lumbar facets. Per the MTUS Guidelines, "Facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery." The request for Lumbar facet injections L3, L4, L5 and S1, on the right with joint aspirations is considered not medically necessary.

