

Case Number:	CM14-0155102		
Date Assigned:	09/25/2014	Date of Injury:	11/02/2011
Decision Date:	12/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Pain 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 female patient with a date of injury of November 2, 2011. A utilization review determination dated September 16, 2014 recommends non-certification of right L4-S1 facet injection. A progress note dated September 9, 2014 identifies subjective complaints of the patient awaiting a referral to a spinal surgeon, the patient reports continued benefit with Zorvolex maximum of 1 per day for her pain which allows her to continue to work full-time as a bookkeeper. The patient's current pain level is a 7/10. The patient reports 60% relief with right L4-5 lumbar epidural steroid injection performed on April 10, 2014, however the relief lasted only 2-3 hours in duration. The patient states to have had significant benefit from a chiropractor previously for her injury. The patient has increased pain in her back on the right side, has no leg weakness, and has associated pain in right SI joint. The patient reports that her pain is primarily in her lower back radiating to her posterior thigh on the right side, which indicates L5-S1 nerve root involvement. The patient has occasional weakness when she climbs stairs and feels like her leg will give out. The patient also has numbness and tingling with loss of sensation to pain and temperature in the right leg. The physical examination of the lumbar spine reveals flexion 80 degrees with pain, extension 10 degrees with pain, positive bilateral facet loading test, decreased range of motion, pain with rotation to the left side, sacroiliac joint tenderness, L4-5 and L5-S1 facet tenderness, and right L5, S1 with diminished sensation to pain and temperature. The diagnoses include lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, and sciatica. The treatment plan recommends continuation with chiropractor, referral to spinal surgeon, and L4-S1 facet injections. An undated MRI of the lumbar spine reveals moderate right paracentral disc extrusion at L5-S1 abutting the traversing right S1 nerve root causing mild narrowing of the right aspect of the spinal canal, moderate bilateral facet arthropathy at L5-S1 causing mild bilateral neural foramina narrowing, and mild modic type 1

edema changes within the superior right L5 endplate associated with degeneration of the L4-5 disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 Facet Injection: Upheld

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

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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for right L4-S1 facet injections, MTUS Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Official Disability Guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are subjective complaints and objective examination findings consistent with radiculopathy. Additionally, there is an abnormal sensory examination, and a diagnosis of sciatica. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. As such, the currently requested right L4-S1 facet injections are not medically necessary.