

Case Number:	CM14-0025452		
Date Assigned:	06/13/2014	Date of Injury:	12/01/2006
Decision Date:	07/28/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 General Surgery and is licensed to practice in Texas. 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 54-year-old female who developed central low back pain on 12/1/06 due to cleaning tanks and wearing dive gear. Previous treatment included medications, a back brace, aquatic/pool therapy, physical therapy, right L5-S1 and bilateral S1 transforaminal epidural steroid injections (ESI) on 12/13/12, bilateral L5-S1 transforaminal ESI on 6/27/13 and transforaminal ESI L4-L5 and L5-S1 on 1/17/14. A lumbar spine MRI dated 11/20/13 revealed central disc protrusion at L5-S1. There was minimal anterior osteophyte at L2-L3. A request for lumbar facet injection was denied on 2/10/14 as there was insufficient clinical information to base decision. There was no report of physical findings that supported axial lumbar pain or MRI findings of facet pathology changes. On 2/21/14 the patient reported that she was 50% better with facet block dated 1/12/14. There is mention of a Lumbar MRI on 4/7/2010 which revealed facet hypertrophy at L45 and L5S1 although the report is not available for review. In a follow-up evaluation on 4/28/14 the patient reported improved lumbar symptoms, but with ongoing numbness and tingling mostly down the right leg but occasionally down the left. Other associated symptoms included weakness, numbness of the right leg, tingling and popping/clicking and radiation down the leg. An examination of the lumbar spine showed tenderness of the sacrum, decreased ankle reflex on the right, decreased sensation on the sole of the foot and the posterior leg and a positive seated straight leg raise on the right. The diagnoses were displacement of lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc and herniated nucleus pulposus L5-S1 slight more to the right. The plan of treatment was ESI. There is a request for facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The documentation provided does not support the medical necessity of repeat facet injections. There is ongoing documentation of radiculopathy with radiating symptoms and weakness. In light of which facet injections for axial pain is not indicated. Furthermore there appears to have been initial facet injection reportedly showed only 50% relief of symptoms. Repeat injections are not medically necessary. Facet injection that reveals a reported level of relief that exceeds 80% would support possible rhizotomy. As the claimant reported 50% relief, this is a failure of this modality; therefore the request is not medically necessary.