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| Case Number: | CM14-0052241 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 10/29/2011 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 43-year-old female who has submitted a claim for lumbar disc displacement without myelopathy and postlaminectomy syndrome associated with an industrial injury date of 10/29/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity, associated with numbness and tingling sensation. Physical examination showed tenderness and restricted range of motion of the lumbar spine. Axial loading of the lumbar facet joints was positive for pain. Reflexes were normal. Straight leg raise test was positive at the left. Gait was antalgic. MRI of the lumbar spine, dated 10/16/2012, showed status post left L5 hemilaminectomy with 7x1x4 mm left parasagittal disc extrusion with caudal subligamentous extent; 6 mm at L4-L5 healing annular tear; minimal canal stenosis at L3-L4; and minimal / mild neuroforaminal narrowing at L3-L4 and L5-S1. The official result was not made available for review. Treatment to date has included left-sided laminotomy and microdiscectomy at L5-S1 in 2011, lumbar epidural steroid injection at left L5-S1 on 03/18/2014, physical therapy, and medications such as cyclobenzaprine, gabapentin, nabumetone, pantoprazole, buprenorphine, and Aleve. Utilization review from 04/14/2014 denied the requests for bilateral Lumbar facet joint injection at L4-5 Quantity 1 and bilateral Lumbar facet Injection at L5-S1 Quantity 1, fluoroscopic guidance Quantity 1, and Intravenous sedation Quantity 1 because there was no physical examination finding that localized the pain primarily to the levels intended for injection. The request for Cyclobenzaprine Flexeril 7.5 mg Quantity 90 because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar facet joint injection at L4-5 Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Pain Facet Joint Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Block.

Decision rationale: On page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the plan was to perform diagnostic facet injection if back pain persisted despite epidural steroid injection. Patient complained of persistent low back pain radiating to the left lower extremity, associated with numbness and tingling sensation, despite ESI. Physical examination showed positive pain upon axial loading of the lumbar facet joints. Reflexes were normal. Straight leg raise test was positive at the left. MRI of the lumbar spine, dated 10/16/2012, showed minimal canal stenosis at L3-L4 and minimal / mild neuroforaminal narrowing at L3-L4 and L5-S1 levels. However, the official result was not made available for review. Moreover, clinical manifestations are consistent with radiculopathy - an exclusion criterion for facet joint injection. Guideline criteria were not met. Therefore, the request for Bilateral Lumbar Facet Joint Injection at L4-5 Quantity 1 is not medically necessary.

Bilateral Lumbar facet Injection at L5-S1 Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Pain Facet joint pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Block.

Decision rationale: On page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the plan was to perform diagnostic facet injection if back pain persisted despite epidural steroid injection. Patient complained of persistent low back pain radiating to the left lower extremity, associated

with numbness and tingling sensation, despite ESI. Physical examination showed positive pain upon axial loading of the lumbar facet joints. Reflexes were normal. Straight leg raise test was positive at the left. MRI of the lumbar spine, dated 10/16/2012, showed minimal canal stenosis at L3-L4 and minimal / mild neuroforaminal narrowing at L3-L4 and L5-S1 levels. However, the official result was not made available for review. Moreover, clinical manifestations are consistent with radiculopathy - an exclusion criterion for facet joint injection. Guideline criteria were not met. Therefore, the request for Bilateral Lumbar facet joint injection at L5-S1 Quantity 1 is not medically necessary.

Fluoroscopic guidance Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Intravenous sedation Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cyclobenzaprine Flexeril 7.5 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since November 2013. However, muscle spasm was not evident based on the most recent progress report from April 2014. Moreover, Long-term use is not recommended. Guideline criteria were not met. Therefore, the request for Cyclobenzaprine Flexeril 7.5 mg Quantity 90 is not medically necessary.