

Case Number:	CM14-0068253		
Date Assigned:	07/14/2014	Date of Injury:	11/02/2009
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 65 year old male with an injury date of 11/02/09. Based on 03/19/14 progress report provided by the treating physician, the patient presents with lower back pain, mostly axial in nature. Patient underwent a series of two lumbar epidural steroid injections on 10/25/12 and 02/25/13 which provided at least 60% relief lasting four to six weeks. Physical Examination of the Lumbar Spine 03/19/14, tenderness to palpation along bilateral posterior lumbar musculature, right greater than left with increased muscle rigidity, decreased ROM, especially on extension limited to 10 degrees, patellar reflex: +1 left and right, Achilles tendon reflex: +1 left and right, straight leg raise test: positive bilaterally at about 60 degrees at modified seated position and decrease sensation along the posterior thigh and lateral calf bilaterally in approximately L5-S1 distribution and lumbar MRI dated 12/18/13 (per 03/19/14 progress report) significant facet joint hypertrophy noted at multiple levels. X-Ray of Lumbar Spine Impressions 12/31/13, no evidence of acute fracture, moderate to marked discogenic spondylosis from T12/L1-L5/S1, moderate facet arthrosis from L2/3-L5/S1, moderate left convexity of the lumbar spine with an apex at L2, mild anterior shift in the lumbar gravity line, diagnostic Assessment 03/19/14, lumbar myoligamentous injury with elements of right lower extremity radicular symptoms and lumbar facet arthropathy with facet joint syndrome. Current medications include norco, neurontin, prilosec and soma per 03/19/14 progress report. The treating physician is requesting for Lumbar Facet Joint Injection L3-L4, L4-L5, L5-S1. The rationale is guidelines do not recommend more than 2 levels to be treated and the request is for greater than 2 levels. The treating physician is the requesting provider, and he provided treatment reports from 03/06/14 - 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: Patient complains of low back pain. The request is for Lumbar Facet Joint Injection L3-L4, L4-L5, L5-S1. Per 03/19/14 progress report, patient presents decreased range of motion and is diagnosed with Lumbar myoligamentous injury with elements of right lower extremity radicular symptoms. Regarding facet injections to the lumbar spine, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. Though there was a failure of conservative treatment to address the patient's condition, review of progress reports show that the pain is radicular in nature, and the requested procedure exceeds allowed two levels. The request does not meet guideline requirements. As such, the request is not medically necessary.

