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| Case Number: | CM14-0073988 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 11/20/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 Orthopedic Surgery, 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 54 year old female with a 11/20/13 date of injury. He was lifting a box of files and sustained a strain to a non-specified area of the back. In a progress report on 3/7/14, the patient complains that she re-aggravated her back while walking to work and feels increased lower back pain and radiating pain into the left leg. She has been working without restrictions. Objective findings include paraspinal lumbar tenderness to palpation, limited range of motion, lumbar flexion to 50 degrees, extension to 10 degrees, slightly positive SLR left lower extremity, and decreased sensation to pinprick outer aspect left calf. MRI of the lumbar spine on 1/15/14 reveals spondylitic changes primarily of L4-5 and L5-S1. At L4-5, there is evidence of a left facet cyst causing some compromise of the L5 nerve root. Diagnostic Impression: lumbar spondylosis, left L4-5 facet cyst, lumbar radiculopathy. Treatment to date: chiropractic care, physical therapy, medication management. A prior UR decision dated 4/23/14 denied the request for facet cyst aspiration on the basis that adequate documentation was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet cyst aspiration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/22905322> Surg Neurol Int 2012-Efficacy of surgery versus cyst aspiration.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surg Neurol Int. 2012;3(Suppl 3):S157-66. Epub 2012 Jul 17. The diagnosis and management of synovial cysts: Efficacy of surgery versus cyst aspiration. Epstein NE1, Baisden J (www.ncbi.nlm.nih.gov/pubmed/22905322).

Decision rationale: CA MTUS and ODG do not address this issue. In a 2012 study by Epstein et al, it appears that the treatment with the best outcome for patients with synovial cysts is cyst removal during surgical decompression; the need for attendant fusion remains unsettled. Conservative care is the first line of treatment. Synovial cysts resistant to conservative therapy should be treated surgically. The use of an alternative such as percutaneous aspiration appears to have a much higher recurrence and failure rate (50-100% failure rates), but may be followed by surgery if warranted. The best surgical option for each particular individual should be tailored depending on the symptoms, radiological findings, and other comorbidities. In the present case, the patient appeared to be getting better with conservative therapy consisting of chiropractic care and physical therapy. In the most recent note on 3/17/14, the patient does experience a flare-up of symptoms, but this appears to be a mere set-back. There are no additional notes past 3/17/14 that document how the patient has progressed after this flare-up. Since there is poor evidence in the literature to support facet cyst aspiration, it seems premature to go forward with this procedure without more evidence that the patient has failed conservative care. In the event that a procedure is required, the literature appears to support surgery, usually in the form of lumbar fusion with cyst excision. Therefore, the request for facet cyst aspiration is not medically necessary.