

Case Number:	CM14-0099379		
Date Assigned:	07/28/2014	Date of Injury:	11/09/2012
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The claimant is a 55-year-old female who injured her low back in a work related accident on 11/09/12. The clinical records available for review include an MRI report of 11/21/12 showing evidence of multilevel disc desiccation with a disc osteophyte complex at L1-2 and facet arthroplasty with left neuroforaminal narrowing with disc bulging at L4-5. The electrodiagnostic studies dated 07/09/12 showed a distal peripheral neuropathy and a bilateral T10 through T12 radiculopathy. Recent follow up assessment dated 05/15/14 reveals chief complaints of low back pain radiating to the left leg and noting that recent treatment of chiropractic care and physical therapy has not been beneficial. Physical exam shows equal and symmetrical motor strength in the upper and lower extremities, sensation was noted to be diminished to the bilateral feet with equal, symmetrical reflexes and positive straight leg raising. The current diagnosis is low back pain. Recommendations were for an updated MRI scan as well as facet joint injections to be performed at the L3 through S1 level times two, performed two weeks apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections L3-L4, L4-L5, L5-S1 x2 to be done 2 weeks apart: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12 Page 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back procedure - Facet joint diagnostic blocks (injections).

Decision rationale: Based on California ACOEM Guidelines, and supported by the Official Disability Guidelines, the request for bilateral lumbar facet injections L3-L4, L4-L5, L5-S1 time 2 to be done 2 weeks apart cannot be recommended as medically necessary. The medical records document that the claimant has evidence of radicular findings on both subjective complaints and objective findings with sensory loss. Radiculopathy is a direct contraindication of facet joint injections. In addition, guidelines typically do not recommend the role of two levels of facet joint injections to be performed at any clinical setting. The request for bilateral, three level injections, given the claimant's underlying history of radiculopathy would not be supported.

Lumbar Spine Magnetic Resonance Imaging (MRI) without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: Based on California ACOEM Guidelines, the repeat MRI scan in this case would not be supported. While this individual is noted to have continued chronic complaints, there is currently no indication of change of acute clinical finding on examination that would necessitate or warrant further imaging. The claimant's previous imaging already has established this individual's underlying diagnosis. Without significant change in symptoms or significant change in examination findings, the need of further MRI scan would not be supported as medically necessary.