

Case Number:	CM14-0106930		
Date Assigned:	08/01/2014	Date of Injury:	06/11/1997
Decision Date:	01/16/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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, 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 49 year old male with an injury date of 06/11/97. Per physician's progress report dated 03/05/14, the patient is status post laminectomy fusion. Presently, he complains of sharp stabbing pain, stiffness, weakness, and generalized discomfort in neck and low back. Physical examination reveals reduced range of motion in the cervical and the lumbosacral spine in all planes to 35% of normal. There is tenderness, pain and spasm in the bilateral cervical and lumbosacral paraspinal muscles. Bilateral C7, C8, T1, L4, L5, and S1 spinal nerve roots show reduced sensation. There is straight leg raising to 70 degrees bilaterally and all the deep tendon reflexes are absent bilaterally as well. Medications, as per progress report dated 03/05/14, include Percocet and Oxycontin. The patient's work status has been determined as permanent and stationary, as per progress report dated 03/05/14. Diagnoses, 03/05/14:- Cervical spine disk syndrome with strain-sprain disorder; bilateral polyradiculopathy; Status post laminectomy fusion procedure; postoperative laminectomy fusion syndrome; clinical presentation of central cord syndrome quadriparesis.- Lumbar spine disk syndrome with strain-sprain disorder; bilateral polyradiculopathy; Status post laminectomy fusion procedure; postoperative laminectomy fusion syndrome; caudal equine syndrome (illegible). The treater is requesting for large joint injection (facet joint injection for the back). The utilization review determination being challenged is dated 06/25/14. The rationale was lack of documentation regarding side and level for the requested facet joint injection, previous injections, and change in pain and function that followed them. Treatment reports were provided from 12/10/13 - 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large joint injection (facet joint injection for the back): 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), 2014 (Lumbar)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms

Decision rationale: The patient is status post laminectomy fusion, and complains of sharp stabbing pain, stiffness, weakness, and generalized discomfort in neck and low back, as per progress report dated 03/05/14. The request is for large joint injection (facet joint injection for the back). ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM Guidelines, chapter 12, state "Repeated diagnostic injections in the same location(s) are not recommended."The reports are not very legible. A review of the available progress reports does not reflect prior facet joint injection. The treater is requesting the injections because the patient has "great deal of joint pain at the present time." However, the treater does not describe the level and the side of the injection. There is a diagnosis of bilateral polyradiculopathy. Physical examination, as per progress report dated 03/05/14, reveals decreased sensation along the bilateral C7, C8, T1, L4, L5, and S1 spinal nerve root distribution. There is straight leg raising to 70 degrees bilaterally. ODG does not support facet joint evaluation when there are sensory findings and/or radicular symptoms. Therefore, this request is not medically necessary.