

Case Number:	CM14-0190337		
Date Assigned:	11/21/2014	Date of Injury:	11/26/1994
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 68 year old male with an injury date of 11/26/14. Based on the 09/15/14 progress report provided by treating physician, the patient complains of low back and bilateral leg pain rated 6/10, greater on the right, and presents with adjacent segment syndrome at L3-L4. Patient is status post anterior interbody fusion L4-S1, 1997. Patient's gait is broad based. Physical examination to the lumbar spine revealed straight leg raise test positive at 60 degrees on right and 80 degrees on the left. Sensory exam showed right L3, L4, L5 sensory loss greater at L5 than L4 or L3. Per treater report dated 09/15/14, patient is to continue with physical and pool therapy sessions which helped 30%, and possible epidural steroid injection. Diagnosis 09/15/14- adjacent segment syndrome L3-L4 with right paracentral disc spur, radiculopathy, central lateral stenosis, neurogenic pseudo claudication, sclerotic endplates, Modic changes, and axial low back pain- prior L4-L5-S1 fusion performed via anterior approach in 1997- history of complex right ankle fracture status post surgery and lateral incision with some residual diminished ankle range of motion and diminished sensory loss on the right lateral ankle and foot. The utilization review determination being challenged is dated 10/20/14. Treatment reports were provided from 06/06/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections, quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The patient complains of low back and bilateral leg pain rated 6/10, greater on the right, and presents with adjacent segment syndrome at L3-L4. The request is for LUMBAR FACET INJECTIONS, QUANTITY 3. Patient is status post anterior interbody fusion L4-S1, 1997. Patient's diagnosis dated 09/15/14 included adjacent segment syndrome L3-L4 with right paracentral disc spur, radiculopathy, central lateral stenosis, neurogenic pseudo claudication, sclerotic endplates, Modic changes, and axial low back pain. Physical examination to the lumbar spine on 09/15/14 revealed straight leg raise test positive at 60 degrees on right and 80 degrees on the left. Sensory exam showed right L3, L4, L5 sensory loss greater at L5 than L4 or L3. Per treating physician report dated 09/15/14, patient is to continue with physical and pool therapy sessions which helped 30%, and possible epidural steroid injection. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections): "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." The treating physician has not provided reason for the request. Patient's diagnosis on 09/15/14 included adjacent segment syndrome L3-L4 with right paracentral disc spur, radiculopathy, central lateral stenosis. Based on ODG, facet joint injections and medial branch blocks are "limited to patients with pain that is non-radicular and at no more than two levels bilaterally," in the lumbar spine. The request does not meet guideline criteria. Furthermore, treating physician has not indicated levels nor sides where the injections will be performed. The request IS NOT medically necessary.