

Case Number:	CM14-0191023		
Date Assigned:	11/24/2014	Date of Injury:	12/15/2009
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 65 year old female with an injury date of 12/15/09. Based on the 10/22/14 progress report, the patient complains of lower back pain that across the lower back and through the right hip. The patient has constant pain and limits daily activities such as walking, standing, stooping, and sitting. The pain level is at 5-9 out 10. The patient is doing exercises on daily basis such as walking and physical therapy and does independent exercise 3 times a week with personal trainer. Lumbar spine examination shows flattened lordosis and symmetric iliac crest ht. Range of motion of the lumbar spine as the flexion is to 90 degrees, extension is to 10 degrees with pain, right lateral bend is to 15 degrees and painful and left lateral bend is to 10 degrees and painful. The deep tendon reflexes for patella is 2/4 and Achilles is 1/4. Current medications are Synthroid, Vitamin B12-Vitamin B1 injection, Ergocalciferol, Albuterol sulfate, Prozac, Hydrochlorothiazide, Pantoprazole, Delayed Release, Metoprolol, Lisinopril, Metformin, Lovastatin, and Norco. Her diagnoses include following: 1. Degenerative lumbar-lumbosacral IV disc 2. Spinal Stenosis, lumbar region, without neurogenic claudication 3. Sciatica 4. Painful lumbar spondylosis 5. Spinal stenosis, L4-5 6. Lumbar Facet Syndrome MRI scan of lumbar region dated 08/27/13 showed "stable modest degenerative findings in the scoliotic lower spine with no substantial change or instability at minimal chronic anterolisthesis of L4-5." MRI scan of cervical spine region dated 06/13/13 showed "status post ACDF from C4 through C7." MRI scan of lumbar without contrast dated 07/17/13 showed "multilevel spondylosis causing moderate severe spinal stenosis at the L4-L5 level, moderated spinal stenosis at the L3-L4 level and mild spinal stenosis at the L2-3 level. There is edema involving the right pars interarticularis of L5." MRI scan of cervical spine without contrast dated 11/19/13 showed "postoperative change at C4-5, C5-6, and C6-7. Degenerative disease at C3-4,

and degenerative disease on the right at T1-2." The patient had operation dated 05/06/14 for interlaminar C7-T1 epidural steroid injection, fluoroscopy, and intravenous sedation. The treating physician is requesting for bilateral L4-5 lumbar facet injection, bilateral L5-S1 lumbar facet injection, and sedation with propofol per 10/22/14 report. The utilization review determination being challenged is dated 11/05/14. The treating physician provided treatment reports from 01/09/13-10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Lumbar Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 intra-articular injections.

Decision rationale: This patient presents with low back pain. The request is for bilateral L4-5 lumbar facet injection. Per 10/22/14 report, the patient had epidural steroid injection of Lumbar spine about a year ago with 2 weeks of relief. The treating physician states "clearly no evidence of neural tension or motor radiculopathy" according to 10/22/14 report. Regarding facet injections to the lumbar spine, ODG criteria are as follows: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." ODG guidelines do not support therapeutic facet injections. The treater does not explain that this is for diagnostic purposes. If the patient does indeed suffer from facet joint pain, dorsal medial diagnostics followed by RF ablation would be supported by the guidelines. The current request is not medically necessary.

Bilateral L5-S1 Lumbar Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 intra-articular injections (therapeutic blocks).

Decision rationale: This patient presents with low back pain. The request is for bilateral L5-S1 lumbar facet injection. Per 10/22/14 report, the patient had epidural steroid injection of lumbar spine about a year ago with 2 weeks of relief and the treater states that "clearly no evidence of neural tension and motor radiculopathy." Regarding facet injections to the lumbar spine, ODG

criteria are as follows: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." ODG guidelines do not support therapeutic facet injections. If the patient does indeed suffer from facet joint pain, dorsal medial diagnostics followed by RF ablation is recommended. The request is not medically necessary.

Sedation with Propofol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Facet joint diagnostic blocks (injections).

Decision rationale: This patient presents with lower back pain. The request is for sedation with propofol for the requested facet joint injections. Given that the requested facet joint injections are not medically necessary per ODG guidelines, the requested Propofol would not be indicated. When reading the ODG guidelines regarding facet injections, it does not support IV sedation unless there is a problem with significant anxiety. The request for Propofol is not medically necessary.