

Case Number:	CM14-0200413		
Date Assigned:	12/10/2014	Date of Injury:	07/15/2010
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Spine 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 injured worker is a 43-year-old female who reported an injury on 07/15/2010. The mechanism of injury was due to a fall down some stairs. The injured worker has a diagnoses of chronic myoligamentous sprain/strain of the lumbar spine and facet arthropathy L4-5 and L5-S1. Past medical treatments consist of physical therapy, ESIs, acupuncture and medication therapy. Medications consist of Norco 10mg and Zanaflex 4mg. It was noted that the injured worker was scheduled for a neurologic consultation. On 03/23/2013 the injured worker underwent MRI of the lumbar spine which revealed, mild decreased disk signal and space height at the L5-S1 level. There was also mild posterior element hypertrophy with joint effusions. There was a 3-4 mm right greater than left bulge or protrusion with right-sided annular tear with mild to moderate right greater than left neural foraminal stenosis. The central canal was mild to moderately stenotic. On 06/24/2014, the injured worker complained of neck pain without radiation to the arms. The injured worker described the pain as burning, sharp, and constant, which she rated 10/10 at worst and 7/10 at best. She also stated to pain in the shoulders, low back, bilateral knees and right foot. The injured worker had weakness in legs, arms and hands bilaterally. Physical examination of the neck revealed tenderness to palpation over the paraspinal muscles. Limited range of motion secondary to pain. There was a negative Spurling test. There was decreased sensation along paraspinal region. Medical treatment plan is for the injured worker to undergo anterior cervical discectomy and fusion at C5-6 and C6-7 also, the provider feels lumbar facet injections at the L4-5 and L5-S1 would be helpful for the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6, C6-C7 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedures Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The California MTUS/ACOEM Guidelines state that spinal fusion is not recommended for acute, subacute, and chronic regional neck pain. The guidelines also state that fusion for non-radiating pain is not recommended in absence of evidence of nerve root compromise. Guidelines further go on to state that discectomy, microdiscectomy, sequestrectomy, endoscopic decompression are not recommended for acute, subacute and chronic cervical and thoracic spine disorders. In cases of disc herniation, protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosus, impingement on a nerve root or nerve root dysfunctions, surgical considerations may be essential. Criteria include persistent severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence, unresolved radicular symptoms after receiving conservative treatment, and referral for surgical consultation. The submitted documentation indicated that the injured worker complained of neck pain without radiation to the arms. Physical examination of the neck revealed tenderness to palpation over the paraspinal muscles. Limited range of motion secondary to pain, with a negative Spurling test. However, there was no clear clinical, imaging or electrophysiologic evidence of radiculopathy or nerve root compression for the cervical spine. There was no indication that the injured worker had severe disabling symptoms. Furthermore, there was no evidence of the injured worker having trialed and failed conservative treatment, to include physical therapy, exercise and NSAIDs. There was documentation of physical therapy, since the physical therapy was for the right ankle instead. Given the above, the injured worker is not within California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

One lumbar facet injection at L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections are of questionable merit. The ODG further states that facet joint injections are under study. Guideline criteria for use of injections consist of no more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain,

spinal stenosis, or previous fusion; if successful, initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks; no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. On 03/23/2013 the injured worker underwent MRI of the lumbar spine which revealed, mild decreased disk signal and space height at the L5-S1 level. There was mild posterior element hypertrophy with joint effusions. There was a 3-4 mm right greater than left bulge or protrusion with right-sided annular tear with mild to moderate right greater than left neural foraminal stenosis. The central canal was mild to moderately stenotic. On 06/24/2014 the injured worker stated to have pain in the low back. There was decreased sensation along paraspinal region along with weakness in the legs consistent with radicular findings. There were no range of motion, motor strength or deep tendon reflexes of the lumbar spine submitted for review. The guidelines do not recommend facet blocks when there are signs of radicular pain and signs of spinal stenosis. Physical findings and imaging studies submitted for review contraindicate the guideline criteria. Given the above, the request cannot be established. As such, the request for 1 lumbar facet injection at L4-5 and L5-S1 is not medically necessary.