

Case Number:	CM14-0200535		
Date Assigned:	12/10/2014	Date of Injury:	07/09/2012
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
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 Family Practice, and is licensed to practice in New York and New Jersey. 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 30 year-old male who was injured on 7/9/12 when a heavy person fell on top of him causing him a twisting injury to his back. He complained of back pain with left radicular pain. On exam, he had decreased range of motion of lumbar spine with slight weakness of knee flexion, extension, and plantar flexion. A 11/2013 MRI of lumbar spine showed mild disc and facet degenerative changes with no obvious neural impingement. A 7/2012 MRI showed disc bulge at L4-5 with posterior annular tear and a herniated disc with annular tear at L5-S1 which attaches to the left S1 nerve root. There was mild bilateral neural foraminal narrowing and mild bilateral joint facet arthropathy. A 9/2014 lumbar x-ray showed Bertolotti's formation on the left with significant sclerosis which was felt to be a potentially significant component of his low back and posterior thigh symptoms. He was diagnosed with degenerative joint disease, L5-S1 retrolisthesis, foraminal stenosis, left lower extremity radiculopathy. In 11/2012, he had a left L4-L5 microdiscectomy. He developed worsening left leg pain and weakness afterwards. He underwent physical therapy, pool therapy, and acupuncture. He had a trial of a TENS unit. His medications included Percocet, Cymbalta, Gabapentin, Mobic, and Ativan. The request is for a left Bertolotti's injection, which was denied by utilization review on 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Bertolotti's injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Georgias Paraskevas, Cases J, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed: Bertolotti syndrome: a diagnostic and management dilemma for pain physicians.

Decision rationale: The request is considered not medically necessary as there are no guidelines for the use of a Bertolotti's injection. MTUS and ODG both do not have any references to this type of injection. An article search for Bertolotti's injection reveals articles on surgical management. Because there are no guidelines and there is no evidence for the use of this type of injection, is it considered not medically necessary.