

Case Number:	CM14-0206436		
Date Assigned:	12/18/2014	Date of Injury:	07/14/1999
Decision Date:	02/26/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 employee was a 66 year old male who sustained an industrial injury on 07/14/1999. A lumbar CT myelogram showed postoperative changes with fusion from the L3-L4 through L5-S1 levels. Retrolisthesis and a mild disc herniation result in mild to moderate canal stenosis at the L2-3 level. The progress note from 11/10/14 was reviewed. Subjective complaints included low back pain and bilateral lower extremity pain. He also presented for intrathecal pump refill. He brought in x-ray and MRI from another hospital. It showed him to have some degree of retrolisthesis at the L2-3 level with associated stenosis. He was scheduled to see a surgeon, but didn't want to pursue surgery. His medications included prazosin, aspirin, omeprazole, trazodone, Vicodin, Magnesium, Zanaflex and Lyrica. Pertinent examination findings included tenderness of lumbar spine, tenderness of facet joint, decreased flexion, extension and rotation with normal straight leg raise. Deep tendon reflexes were intact. Diagnoses included failed back syndrome, lumbar and thoracic radiculitis, lumbar arthritis without myelopathy and medication management. The plan of care included lumbar epidural steroid injections and lumbar facet joint injections to address increasing low back and radicular leg pain secondary to retrolisthesis above the level of the fusion and facet arthritis below the level of the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The employee was a 66 year old male who sustained an industrial injury on 07/14/1999. A lumbar CT myelogram showed postoperative changes with fusion from the L3-L4 through L5-S1 levels. Retrolisthesis and a mild disc herniation result in mild to moderate canal stenosis at the L2-3 level. The progress note from 11/10/14 was reviewed. Subjective complaints included low back pain and bilateral lower extremity pain. He also presented for intrathecal pump refill. He brought in x-ray and MRI from another hospital. It showed him to have some degree of retrolisthesis at the L2-3 level with associated stenosis. He was scheduled to see a surgeon, but didn't want to pursue surgery. His medications included prazosin, aspirin, omeprazole, trazodone, Vicodin, Magnesium, Zanaflex and Lyrica. Pertinent examination findings included tenderness of lumbar spine, tenderness of facet joint, decreased flexion, extension and rotation with normal straight leg raise. Deep tendon reflexes were intact. Diagnoses included failed back syndrome, lumbar and thoracic radiculitis, lumbar arthritis without myelopathy and medication management. The plan of care included lumbar epidural steroid injections and lumbar facet joint injections to address increasing low back and radicular leg pain secondary to retrolisthesis above the level of the fusion and facet arthritis below the level of the fusion. According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had low back pain with lower extremity radicular pain. There were no radiculopathy signs including decreased sensation or altered motor strength. The deep tendon reflexes were documented to be intact. The MRI reportedly showed retrolisthesis at L2-3 with associated stenosis. There were no electrodiagnostic studies available with the medical records. Given the absence of radiculopathy signs the request for epidural steroid injection at L2-L3 is not medically necessary or appropriate.

Prospective request for 1 lumbar facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. 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 disorders, facet joint injections.

Decision rationale: The employee was a 66 year old male who sustained an industrial injury on 07/14/1999. A lumbar CT myelogram showed postoperative changes with fusion from the L3-L4 through L5-S1 levels. Retrolisthesis and a mild disc herniation result in mild to moderate canal stenosis at the L2-3 level. The progress note from 11/10/14 was reviewed. Subjective complaints included low back pain and bilateral lower extremity pain. He also presented for intrathecal pump refill. He brought in x-ray and MRI from another hospital. It showed him to have some degree of retrolisthesis at the L2-3 level with associated stenosis. He was scheduled to see a surgeon, but didn't want to pursue surgery. His medications included prazosin, aspirin, omeprazole, trazodone, Vicodin, Magnesium, Zanaflex and Lyrica. Pertinent examination findings included tenderness of lumbar spine, tenderness of facet joint, decreased flexion, extension and rotation with normal straight leg raise. Deep tendon reflexes were intact. Diagnoses included failed back syndrome, lumbar and thoracic radiculitis, lumbar arthritis without myelopathy and medication management. The plan of care included lumbar epidural steroid injections and lumbar facet joint injections to address increasing low back and radicular leg pain secondary to retrolisthesis above the level of the fusion and facet arthritis below the level of the fusion. According to Official disability guidelines, facet joint pain is suggested by tenderness to palpation in the paravertebral region with normal sensory examination, absence of radicular findings and normal straight leg raising exam. Facet blocks are recommended in neck pain and low back pain that is non radicular, at no more than two levels bilaterally, with failure to improve with conservative treatment. There should be no evidence of spinal stenosis or previous fusion. The employee had prior history of lumbar fusion and hence the request is not medically necessary or appropriate.