

Case Number:	CM14-0027955		
Date Assigned:	06/16/2014	Date of Injury:	02/01/2012
Decision Date:	03/11/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male with an injury date on 2/1/12. The patient complains of ongoing L-spine pain that is not significantly improved per 1/20/14 report. Based on the 1/20/14 progress report provided by the treating physician, the diagnoses are: 1. displacement cervical disc w/o myelopathy. 2. internal derangement shoulder region 3. s/s of lumbosacral. A physical exam on 12/6/13 showed C-spine range of motion is limited, bilateral shoulder range of motion is limited, L-spine range of motion is limited. Positive straight leg raise test." The patient's treatment history includes medications, physical therapy, MRI bilateral shoulders/lumbar/cervical. The treating physician is requesting lumbar facet injection at L3-4 L4-5 and L5-S1. The utilization review determination being challenged is dated 2/25/14. The requesting physician provided treatment reports from 1/9/13 to 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTION AT L3-L4, L4-L5, AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with lumbar spine pain and feelings of weakness/coldness in the lower extremities. The treater has asked for LUMBAR FACET INJECTION AT L3-4 L4-5 AND L5-S1 on 1/20/14 for diagnostic purposes. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. An L-spine MRI on 1/25/13 showed a 3mm disc protrusion at L4-5 and L5-S1, and a 2-3mm disc protrusion at L3-4 with left sided foraminal narrowing and impingement on the exiting nerve roots on the left. In this case, the patient has lower back pain with lower extremity symptoms. The request is for a facet diagnostic evaluation at L3-4, L4-5, and L5-S1. A lumbar MRI confirmed discs at L3-4, L4-5 and L5-S1, but the physical examination only documents a positive straight leg raise with no other neurological deficits. Furthermore, the request is for 3 level injections and MTUS only recommends up to 2 levels for facet injections. The request IS NOT medically necessary.