

Case Number:	CM15-0102313		
Date Assigned:	06/04/2015	Date of Injury:	08/04/1997
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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 injured worker is a 67 year old male with an industrial injury dated 08/04/1997. His diagnoses included chronic low back pain and radicular pain of left lower extremity. Prior treatment included medications. Comorbid diagnoses included hypertension, coronary artery disease, diabetes, osteoarthritis and cancer of the prostate. He presented on 04/23/2015 with complaints of low back pain. He did have an occasional left sided radicular component. MRI dated 03/26/2015 showed disc protrusion at lumbar 5-sacral 1, disc central protrusion at lumbar 2-3 and disc protrusion at lumbar 1-2. Physical exam (03/12/2015) showed slight pain on palpation on the right sacroiliac joint. There was no pain on palpation over the lumbar facets and no sciatic notch tenderness on either side. Range of motion of the back was relatively normal in flexion and extension. Lateral bending was slightly painful. Treatment plan included intrarticular facet injections at lumbar 4-5 and lumbar 5- sacral 1 both from a diagnostic and therapeutic perspective. The request is for facet injection left lumbar 4-5 quantity 1, facet injection left lumbar 5-sacral 1 quantity 1, facet injection right lumbar 4- 5 quantity 1 and facet injection right lumbar 5-sacral 1 quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection Right L4-L5 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter (updated 4/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The patient presents with low back pain. The request is for facet joint injection right L4-L5 qty: 1. Physical examination to the lumbar spine on 03/12/15 revealed tenderness to palpation on the right SI joint. Straight leg raising test was mildly positive with slight pain in the low back bilaterally at about 90 degrees and some hamstring stretch. Range of motion was relatively normal in flexion, extension and lateral bending was slightly painful. MRI findings of 03/26/15 showed a persistent left lateral recess protrusion at L5-S1, mildly compressing the left SI nerve root, focal central disc protrusion at L2-L3 producing mild central canal stenosis, left paracentral disc protrusion at L1-L2 contributing with normal stenosis, and very little internal change. At individual levels, facet atrophy was noted to be relatively severe at L4-L5 and also present at L5-S1. Patient's diagnosis, per 03/12/15 progress report include chronic low back pain, left lower extremity pain, and intermittent last significant exacerbation in early November 2014. Patient is retired. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state, "Repeated diagnostic injections in the same location(s) are not recommended." Treater has not discussed this request. Patient suffers with low back pain. In progress report dated 04/23/15, treater states that patient does have an occasional left-sided radicular component, which is probably related to the SI compression, which is only intermittent and occurs very seldom. A physical examination on 03/12/15 showed a positive straight leg raise. Review of the medical records provided do not indicate prior facet injections. However, the patient does present with a positive leg raise test and some radicular symptoms, for which facet joint indications are not indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

Facet Injection Left L4-L5 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter (updated 4/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The patient presents with low back pain. The request is for facet joint injection left L4-L5 qty: 1. Physical examination to the lumbar spine on 03/12/15 revealed tenderness to palpation on the right SI joint. Straight leg raising test was mildly

positive with slight pain in the low back bilaterally at about 90 degrees and some hamstring stretch. Range of motion was relatively normal in flexion, extension and lateral bending was slightly painful. MRI findings of 03/26/15 showed a persistent left lateral recess protrusion at L5-S1, mildly compressing the left SI nerve root, focal central disc protrusion at L2-L3 producing mild central canal stenosis, left paracentral disc protrusion at L1-L2 contributing with normal stenosis, and very little internal change. At individual levels, facet atrophy was noted to be relatively severe at L4-L5 and also present at L5-S1. Patient's diagnosis, per 03/12/15 progress report include chronic low back pain, left lower extremity pain, and intermittent last significant exacerbation in early November 2014. Patient is retired. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state, "Repeated diagnostic injections in the same location(s) are not recommended." Treater has not discussed this request. Patient suffers with low back pain. In progress report dated 04/23/15, treater states that patient does have an occasional left-sided radicular component, which is probably related to the SI compression, which is only intermittent and occurs very seldom. A physical examination on 03/12/15 showed a positive straight leg raise. Review of the medical records provided do not indicate prior facet injections. However, the patient does present with a positive leg raise test and some radicular symptoms, for which facet joint indications are not indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

Facet Injection Right L5-S1 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter (updated 4/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The patient presents with low back pain. The request is for facet joint injection right L5-S1 qty: 1. Physical examination to the lumbar spine on 03/12/15 revealed tenderness to palpation on the right SI joint. Straight leg raising test was mildly positive with slight pain in the low back bilaterally at about 90 degrees and some hamstring stretch. Range of motion was relatively normal in flexion, extension and lateral bending was slightly painful. MRI findings of 03/26/15 showed a persistent left lateral recess protrusion at L5-S1, mildly compressing the left SI nerve root, focal central disc protrusion at L2-L3 producing mild central canal stenosis, left paracentral disc protrusion at L1-L2 contributing with normal stenosis, and very little internal change. At individual levels, facet atrophy was noted to be relatively severe at L4-L5 and also present at L5-S1. Patient's diagnosis, per 03/12/15 progress report include chronic low back pain, left lower extremity pain, and intermittent last significant exacerbation in early November 2014. Patient is retired. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings,

although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state, "Repeated diagnostic injections in the same location(s) are not recommended." Treater has not discussed this request. Patient suffers with low back pain. In progress report dated 04/23/15, treater states that patient does have an occasional left-sided radicular component, which is probably related to the SI compression, which is only intermittent and occurs very seldom. A physical examination on 03/12/15 showed a positive straight leg raise. Review of the medical records provided do not indicate prior facet injections. However, the patient does present with a positive leg raise test and some radicular symptoms, for which facet joint indications are not indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

Facet Injection Left L5-S1 QTY 1: Upheld

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MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The patient presents with low back pain. The request is for facet joint injection left L5-S1 qty: 1. Physical examination to the lumbar spine on 03/12/15 revealed tenderness to palpation on the right SI joint. Straight leg raising test was mildly positive with slight pain in the low back bilaterally at about 90 degrees and some hamstring stretch. Range of motion was relatively normal in flexion, extension and lateral bending was slightly painful. MRI findings of 03/26/15 showed a persistent left lateral recess protrusion at L5-S1, mildly compressing the left SI nerve root, focal central disc protrusion at L2-L3 producing mild central canal stenosis, left paracentral disc protrusion at L1-L2 contributing with normal stenosis, and very little internal change. At individual levels, facet atrophy was noted to be relatively severe at L4-L5 and also present at L5-S1. Patient's diagnosis, per 03/12/15 progress report include chronic low back pain, left lower extremity pain, and intermittent last significant exacerbation in early November 2014. Patient is retired. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state, "Repeated diagnostic injections in the same location(s) are not recommended." Treater has not discussed this request. Patient suffers with low back pain. In progress report dated 04/23/15, treater states that patient does have an occasional left-sided radicular component, which is probably related to the SI compression, which is only intermittent and occurs very seldom. A physical examination on 03/12/15 showed a positive straight leg raise. Review of the medical records provided do not indicate prior facet injections. However, the patient does present with a positive leg raise test and some radicular symptoms, for which facet joint indications are not indicated. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

