

Case Number:	CM15-0019735		
Date Assigned:	02/09/2015	Date of Injury:	04/13/2012
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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 45-year-old female, who sustained an industrial injury on 04/13/2012. She has reported subsequent back and lower extremity pain and was diagnosed with multiple level disc protrusions of the lumbar spine, lumbar facet arthropathy and lower back and left leg radicular pain. Treatment to date has included oral pain medication and lumbar epidural injections. In a progress note dated 12/23/2014, the injured worker reported improvement in lower back and left leg pain after epidural injection that was done six weeks prior but did report that the pain was not completely resolved. Objective findings were notable for tenderness to palpation of the bilateral paraspinous regions overlying the L4-L5 and L5-S1 facet joints and pain that was exacerbated with lumbar hyperextension. The physician recommended facet injections of the bilateral L4-L5 and L5-S1 levels under fluoroscopic guidance. On 01/09/2015, Utilization Review non-certified requests for facet injections of the bilateral L4-L5 and L5-S1 levels under fluoroscopic guidance and post follow-up, noting that given the reported remaining radiating pain in the left leg after previous epidural steroid injection, a facet injection would not be indicated at the present time and that since the procedure was not medically necessary the post follow up would not be necessary. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injections of the Bilateral L4-L5 and L5-S1 Levels Under Fluoroscopic Guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. 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 low back chapter, diagnostic facet blocks Low back chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: This patient presents with back and lower extremity pain. The treater has asked for FACET INJECTIONS OF THE BILATERAL L4-5 AND L5-S1 LEVELS UNDER FLUOROSCOPIC GUIDANCE on 12/23/14. The patient had an epidural steroid injection 6 weeks ago with improvement of back/leg pain per 12/23/14 report. The back pain is currently worse than the left leg pain, and becomes worse with extension per 12/23/14 report. Review of the reports does not show any evidence of a diagnostic facet evaluation being done in the past. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. The patient is currently working full time. In this case, the patient has ongoing back pain and left lower extremity pain. The patient does have paravertebral facet tenderness on exam. However, the patient complains of radicular symptoms down the left leg for which an ESI was recently provided. ODG does not recommend facet diagnostic blocks when radicular findings are present. The request IS NOT medically necessary.

Post Follow Up: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

Decision rationale: This patient presents with back and lower extremity pain. The treater has asked for POST FOLLOW UP on 12/23/14. Review of reports show that the patient had 5 office visits from 7/17/14 to 12/2/314. Regarding follow-up visits, ACOEM states "the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ACOEM states: These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a

change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." The patient is currently working full time. In this case, the treater appears to be asking for "post-follow up" following the requested facet injection. Since the injection is not indicated, there would be no need for a follow-up. It would appear that the patient has had 5 office visits from 7/17/14 to 12/2/314, and is regularly following up with the primary treater. The request IS NOT medically necessary.