

Case Number:	CM15-0025992		
Date Assigned:	02/18/2015	Date of Injury:	06/03/2001
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 49-year-old female, who sustained an industrial injury on 6/3/01. The 12/17/14 treating physician report cited continued left leg pain with left foot pain and swelling, aggravated by prolonged standing. The pain management physician had recommended a sympathetic nerve block. The patient was getting a protective foot brace this week. Objective findings documented painful lumbar range of motion, right lumbosacral and sacroiliac joint tenderness, positive left straight leg raise, left foot tenderness and swelling, and normal motor function. MRI findings documented multilevel degenerative changes. The diagnosis was synovitis, tenosynovitis, cervical radiculopathy, and lumbosacral spondylosis without myelopathy. The treatment plan recommended transdermal anti-inflammatory ointments and ibuprofen. The 12/22/14 pain management report cited grade 4/10 sharp left hip to foot pain that was constant and varied with activity. There was left foot hypersensitivity to touch and altered skin temperature that varied between hot and cold. Pain increased with contact with clothing or prolonged activity. There was persistent and recalcitrant pain due to reflex sympathetic dystrophy in the left lower extremity with new discomfort over the left anterior thigh. The patient was taking Buprenorphine that allowed for mobility and participation in home exercise. Physical exam documented normal gait and pain behavior. The diagnosis included opioid dependency, tarsal tunnel syndrome, lumbar disc degeneration, cervical spondylosis, and lower extremity reflex sympathetic dystrophy. The treatment plan included buprenorphine and home exercise. Requests were submitted by the primary treating physician on 12/22/14 and 1/27/15 for L4/5 facet joint corticosteroid injection with fluoroscopy and ultrasound. On 1/30/15, utilization

review non-certified a request for cortisone Injection with fluoroscopy and ultrasound, L4-5 facet joint. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated 2/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone Injection with fluoroscopy and ultrasound, L4-5 facet joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic: Facet joint pain, signs & symptoms; Facet joint intra-articular injections (therapeutic blocks) American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007)

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that therapeutic facet joint injections are not recommended for acute, subacute, chronic lower back pain or for any radicular pain syndrome. One diagnostic facet joint injection may be recommended for patients with chronic lower back pain that is significantly exacerbated by extension and rotation, or associated with lumbar rigidity, and not alleviated with other conservative treatments, in order to determine whether specific interventions targeting the facet joint are recommended. Clinical presentation should be consistent with facet joint pain, signs and symptoms. The Official Disability Guidelines recommend one therapeutic facet joint intra-articular injection for facet joint pain, signs and symptoms, and with evidence of a formal plan of additional evidenced-based activity and exercise. Criteria include no evidence of radicular pain, spinal stenosis, or previous fusion. Guideline criteria have not been met. There are (at best limited) clinical findings suggestive of facet mediated pain, and no evidence of an on-going rehabilitation program for strengthening and conditioning. The patient has been diagnosed with left lower extremity reflex sympathetic dystrophy. Records documented multilevel lumbar degenerative changes with positive nerve tension signs suggestive of radiculitis. The clinical scenario is not guideline-supported for such a request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.