MAXIMUS Federal Services

Case Number:	CM14-0126422		
Date Assigned:	09/23/2014	Date of Injury:	05/27/2010
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male with a 5/27/10 date of injury. The mechanism of injury involved lifting multiple 20-pound boxes of cheese causing worsening back pain. The patient was most recently seen on 8/26/14 by a pain medicine specialist, where the patient complained of low back pain with radiation to both lower extremities. The pain level was 8/10 with and without medications, which had worsened since the last clinic visit. The patient reported limitations in his activities of daily living (i.e. self care/hygiene, ambulation). Exam findings revealed tenderness upon palpation of the L4-S1 spinal vertebral areas. The range of motion of the L-spine was moderately limited. An MRI L-spine dated 7/22/10 was noted to show a 4-5 mm posterior disc protrusion/extrusion with bilateral facet arthropathy, in addition to a 3mm anterior disc protrusion, at the L4-L5. There was also a 6-7mm posterior disc protrusion/extrusion with a 3mm anterior disc protrusion at the L5-S1, with no facet arthropathy noted. The patient's diagnoses included lumbar facet arthropathy, lumbar disc displacement, status post L4-S1 posterior lumbar interbody fusion, lumbar post-laminectomy syndrome, and lumbar spinal stenosis. The patient's medications included Tramadol and Gabapentin.Treatment to date: medications, LESI (lumbar epidural steroid injection) (3/8/12), TENS unit, medications, L4-S1 posterior lumbar interbody fusion (2004), right side L4-L5, L5-S1 discectomy (4/28/03), HEP (home exercise program), physical therapy, aquatic therapyAn adverse determination was received on 7/18/14 due to the patient not being in the transitional phase between acute and chronic pain, in addition to the patient being post status lumbar fusion (unknown levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint injection Bilateral L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter) and on Other Medical Treatment Guideline or Medical Evidence: Boswell MV, Colson JD, et al. A systematic review of therapeutic facet joint interventions in chronic spinal pain. Pain Physician, 2007 Jan; 10(1):229-53.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. This patient had experienced low back pain since his injury in 2010 and had received conservative therapy (i.e. medications, physical therapy, injections) with limited improvement in pain level or functional status. An MRI L-spine dated 7/22/10 revealed bilateral facet arthropathy at the L4-L5. No facet arthropathy was noted in the MRI for the L5-S1 level. There was insufficient evidence to support an arthropathy at the L5-S1 level to perform a facet injection at this proposed level. Furthermore, given the patient's prolonged and severe low back pain, it was unclear what the rationale was to pursue a temporizing measure, given that the evidence for short- and long-term pain relief with facet joint injections is only moderate for lumbar pain. Therefore, the request for facet joint injection, bilateral L4-S1, was not medically necessary.