

Case Number:	CM14-0132088		
Date Assigned:	08/22/2014	Date of Injury:	09/24/2009
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery, 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 69 year old male with a 9/24/09 injury date. While climbing off his loader his boot got caught on the step and he fell, injuring his back. He has been off work ever since. In a 7/16/14 follow-up, the patient has chronic low back pain and intermittent numbness into his thighs bilaterally. He has a history of multilevel lumbar decompression on 5/28/13. Objective findings include significant lumbar spasms with decreased foot dorsiflexion. His gait is fairly normal, standing slightly flexed forward, and was unable to flex or extend his back. MRI of the lumbar spine on 1/2/13 showed L3-4 right lateral recess and right neural foraminal stenosis, L4-5 left lateral recess stenosis, and L5-S1 bilateral neural foraminal stenosis. Diagnostic impression: lumbosacral spondylosis, lumbar spinal stenosis, physical therapy, medication management, and trigger point injections. Treatment to date: multilevel lumbar decompression (5/28/13), lumbar epidural steroid injection (4/17/12), A UR decision date 8/12/14 denied the request for bilateral L4-S1 facet injections on the basis that the clinical information provided did not meet the criteria for medical necessity. On the decision for post-operative physical therapy, the time frame was exceeded, thus the request was regarded as being for regular physical therapy, and the decision was modified to allow for six physical therapy sessions. On the decision for lumbar spine xrays, the patient did not meet any of the criteria as stated in the evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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.

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. In the present case, the patient has clinical and imaging evidence of spinal stenosis and radiculitis. There is no evidence of a formal plan of additional evidence-based conservative treatment taking place along with the proposed facet injections. There is insufficient clinical evidence to support the proposed treatment. Therefore, the request for left L4-S1 facet injection is not medically necessary.

Right L4-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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.

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. In the present case, the patient has clinical and imaging evidence of spinal stenosis and radiculitis. There is no evidence of a formal plan of additional evidence-based conservative treatment taking place along with the proposed facet injections. There is insufficient clinical evidence to support the proposed treatment. Therefore, the request for right L4-S1 facet injection is not medically necessary.

16 post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines Physical therapy lumbar spine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Postsurgical treatment guidelines recommend 16 physical therapy visits over 8 weeks after lumbar decompression surgery. In the present case, the patient is outside the post-op treatment window. Therefore, the request for 16 post-operative physical therapy sessions is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS states that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In the present case, there is documentation that the patient had a relatively recent lumbar spine X-ray series. In addition, since the primary procedure could not be certified, secondary and post-op procedures cannot be approved. Therefore, the request for X-ray of the lumbar spine is not medically necessary.