

<b>Case Number:</b>	CM14-0097484		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with date of injury of 03/07/2012. The listed diagnoses per [REDACTED] dated 06/04/2014 are: 1. Lumbar facet syndrome. 2. Spondylolisthesis. 3. Cervical pain. 4. Shoulder pain. 5. History of stroke. 6. Possible post-concussion syndrome. According to this report, the patient complains of neck pain, back pain radiating from the lower back down to the right leg, lower backache, and left shoulder pain. The patient rates his pain 6/10 to 7/10 with medication and 8/10 without medication. He denies any new injury since his last visit. His activity level has remained the same. The patient is taking his medication as prescribed. No side effects were reported. The treater references a left lumbar facet joint injection at L3, L4, L5, S1 on 03/22/2013 and a left lumbar facet joint injection/block at L3, L4, L5, S1 and joint aspiration on 01/31/2014. Also noted on this report, an x-ray in the lumbar spine on 11/09/2012 and 03/12/2012 that shows mild DJD, no fracture was noted. The physical exam shows the patient is anxious, depressed, in moderate to severe pain. The patient has an antalgic gait. Range of motion in the lumbar spine is restricted due to pain. On palpation of the paravertebral muscles, hypertonicity, spasms, tenderness, and a tight muscle band was noted on both sides. Lumbar facet loading is positive on the right side. Straight leg raise test is negative. Tenderness noted over the sacroiliac spine, positive TTP over bilateral facet joints, left greater than the right. Sensation to pinprick is intact all over the body. The utilization review denied the request on 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray lumbar spine lateral flexion/extension:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Minnesota Rules) repeat imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal)."

**Decision rationale:** This patient presents with neck pain, back pain radiating from the lower back to the right leg, lower backache, and left shoulder pain. The treater is requesting x-ray of the lumbar spine, lateral flexion/extension. The utilization review denied the request stating that there was no reason to repeat the X-rays. The patient's prior X-rays appear to be from 2012. The ACOEM does not address flex/ext X-rays. ODG guidelines states, "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal)." In this case, the treater lists spondylolisthesis as one of the diagnosis and there is no evidence that the patient has had flex/ext X-rays done in the past. The request is reasonable and consistent with the guidelines. The request for X-ray lumbar spine lateral flexion/extension is medically necessary.

**Lumbar facet injections L3, L4, L5, S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet joint diagnostic block

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Recommend diagnostic blocks ODG-twc guidelines has the following regarding cervical facet injections: (<http://www.odg-twc.com/odgtwc/neck.htm#Protocol>)

**Decision rationale:** This patient presents with neck pain, back pain radiating from the lower back to the right leg, lower backache, and left shoulder pain. The treater is requesting lumbar facet injections at L3, L4, L5, S1. The ACOEM Guidelines discussed dorsal medial branch blocks and RF ablations on page 174 footnote. For a more thorough discussion of facet joint diagnostic evaluation, the ODG Guidelines are used. The ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally should be studied. The 06/04/2014 report notes

range of motion is restricted, limited by pain in the lumbar spine. Paravertebral muscle tenderness upon palpation and hypertonicity, spasms, and tight muscle band was noted on the left side greater than the right. Straight leg raise is negative. Lumbar facet loading is positive on the right side. The treater also mentions lumbar facet injections at the left L3, L4, L5, S1 on 03/22/2013 and 01/31/2014. In this case, the patient already received facet injections twice in the past. The treater's next step is for RF ablation, it would appear. ODG only supports facet diagnostic evaluations and not facet injections for treatment. The request for Lumbar facet injections L3, L4, L5, S1 is not medically necessary.