

Case Number:	CM14-0039768		
Date Assigned:	06/27/2014	Date of Injury:	08/12/2009
Decision Date:	03/23/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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. 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 patient is a 45 year old with an injury date on 8/12/09. Based on the 2/25/14 progress report provided by [REDACTED] the diagnoses are: Cervical spondylosis C4-5 and C5-6 with radiculopathy at the right upper extremity on a clinical basis, multilevel degenerative disc disease with disc protrusions, multilevel; most significant at L3-4 and L4-5 with associated facet arthropathy and hypertrophy resulting in lateral recess stenosis, particularly at L4-5 with radicular symptomatology to right lower extremity, spondylolysis of lumbosacral spine with slight if any spondylolisthesis, mild degenerative disc disease at L2-3. Exam of L-spine on 2/25/14 showed tenderness to palpation from mid lumbar area at L3-4 down to L4-5 and lesser degree at L5-S1. Moderate to severe paraspinal muscle guarding with tenderness. Marked guarding of movement. With attempts to extend back, patient has increased pain in mid to lower lumbar area. Range of motion moderately restricted, particularly at extension which is 10 degrees with increased pain. Hypoesthesia of entire dorsum of right foot, and medial/lateral aspects of right leg and distal thigh near knee. Weakness of right great toe extensor and right anterior tibialis. MRI of L-spine from 12/6/13 showed 2mm disc with mild stenosis at C5-6, and 2mm disc at C4-5. [REDACTED] is requesting facet injection L3-4 and L4-5. The utilization review determination being challenged is dated 3/6/14 and rejects request due to no documentation of facet mediated pain and history of prior epidural steroid injections. [REDACTED] is the requesting provider, and he provided treatment reports from 9/24/13 to 6/26/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection L3-4 and L4-5: Overturned

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 (ODG) (Low Back Chapter)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: This patient presents with lower back pain and neck pain that does not radiate. The provider has asked facet injection L3-4 and L4-5. The 2/25/14 report states patient has had recent exacerbation/hospitalization, and recommends continued conservative care to avoid possible surgery/fusion. Review of the reports do not show any evidence of facet injections being done in the past. Regarding facet injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the provider has asked for facet injection L3-4 and L4-5. Considering patient's axial spine pain and significant facet hypertrophy, requested facet injection for lumbar is reasonable and within the guidelines. The request is medically necessary.