

Case Number:	CM15-0121927		
Date Assigned:	07/06/2015	Date of Injury:	07/02/2013
Decision Date:	08/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male patient who sustained an industrial injury on 08/28/2000. He injured worker performed construction duty. An operative report dated 10/31/2011 reported the patient having undergone an anterior retroperitoneal dissection with L5-S1 arthrodesis and instrumentation. A primary treating follow up visit dated 06/07/2012 reported the treating diagnosis of lumbar herniated disc applied. The patient is status post L5-S1 anterior/posterior fusion and states overall the surgery did not help much and he continues with a significant amount of pain. The plan of care briefly mentioned a slight possibility of non-union, although not seen upon radiography at that time. He is to consult a pain management evaluation with note if pain worsens then a computerized tomography scan would be required to assess fusion site. Another procedural note dated 07/05/2012 reported the patient having been administered a caudal epidural injection under fluoroscopy. A primary treating office follow up visit dated 07/25/2012 reported the patients back problem as fluctuating occurring persistently to mid and lower back region. The patient is found with chronic problems: acquired spondylolisthesis; chronic pain; failed back surgery syndrome, lumbar; spinal fusion; radiculopathy, thoracic/lumbosacral; spinal stenosis, lumbar; degenerative disc disease, lumbar; low back pain; sleep disturbances; herniated nucleus pulposus, lumbar, and COAT. Current medications are: Butrans 5mcg patches, Flexeril, and Norco 10/325mg. The assessment found the patient with: acquired spondylosis; failed lumbar back surgery, spinal fusion, chronic pain, COAT, low back pain, and radiculopathy thoracic/lumbosacral. The patient is reporting no change in the subjective back pains after the injection noted administered. The patient is

permanent and stationary. A recent follow up visit dated 05/19/2015 reported previous treatment to include: activity modification, medication, surgical intervention, hardware removal, spinal cord stimulator trial. Current medications are: Kadian, Ibuprofen, Nucynta, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist injection facet right L1-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is an abnormal sensory examination, and a diagnosis of radiculopathy. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. Furthermore, the order for L1-L3 level facet injections was for both diagnostic and therapeutic purposes as noted on progress note dated 5/29/2015. Guidelines typically recommend therapeutic injections after the patient has documented improvement with diagnostic injection prior to therapeutic injections. As such, the currently requested lumbar facet injections are not medically necessary.

Referral for treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, 2004, page 127, Health practitioner.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." It appears the request to the specialist is for L1-L3 facet joint injection. Because the lumbar L1-3 level facet injections are not medically necessary, the referral to specialist is also not medically necessary.