

Case Number:	CM15-0129090		
Date Assigned:	07/15/2015	Date of Injury:	04/01/2012
Decision Date:	09/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 44 year old male, who sustained an industrial injury on 04/01/2012. He has reported injury to the low back. The diagnoses have included low back pain; lumbar degenerative disc disease; lumbar radiculopathy; L5-S1 and L4-L5 disc bulge with hypertrophy producing bilateral neuroforaminal narrowing contributing to L5 radicular pain; L2-L3, L3-L4, L4-L5, and L5-S1 facet hypertrophy-facet syndrome; and chronic pain syndrome with mild reactive depression and anxiety. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, facet injections, epidural steroid injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Oxycontin, Opana ER, Norco, Gabapentin, Cymbalta, and Motrin. A progress note from the treating physician, dated 06/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; the pain is rated as a 6/10 on the pain scale, which is constant and the baseline pain; his pain is worse in the morning; the pain is most aggravated by sitting and lying down; the back pain and buttock pain is relieved with standing; he has restarted a gym program; he has noted that muscle spasms have decreased since he started going to the gym; he has not started physical therapy yet; the constant low back pain at 6/10 is wearing on him; in the past, he has some relief with facet injections; and he would like to undergo those again. Objective findings included decreased and painful lumbar range of motion; and there is tenderness to palpation over the midline from L4 to S1 and the bilateral paraspinals. The treatment plan has included the request for right L3-L4 lumbar facet injection, quantity: 1; left L3-L4 lumbar facet injection, quantity: 1; right L4-L5 lumbar facet injection, quantity: 1; left

L4-L5 lumbar facet injection, quantity: 1; right L5-S1 lumbar facet injection, quantity: 1 and left L5-S1 lumbar facet injection, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 lumbar facet injection Qty:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Right L3-L4 lumbar facet injection Qty 1 was not met. The request is not medically necessary.

Left L3-L4 lumbar facet injection Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Left L3-L4 lumbar facet injection Qty 1 was not met. The request is not medically necessary.

Right L4-L5 lumbar facet injection Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Right L4-L5 lumbar facet injection Qty 1 was not met. The request is not medically necessary.

Left L4-L5 lumbar facet injection Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Left L3-L4 lumbar facet injection Qty 1 was not met. The request is not medically necessary.

Right L5-S1 lumbar facet injection Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased

efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Right L5-S1 lumbar facet injection Qty 1 was not met. The request is not medically necessary.

Left L5-S1 lumbar facet injection Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet syndrome. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis lumbar radiculopathy. The patient had undergone lumbar epidural steroid injections in the past. The presence of significant psychosomatic symptoms is associated with decreased efficacy of interventional pain procedures. The guidelines did not recommend more than 3 level facet injections in the same setting. The criteria for the Left L5-S1 lumbar facet injection Qty 1 was not met. The request is not medically necessary.