

Case Number:	CM15-0075595		
Date Assigned:	04/27/2015	Date of Injury:	09/26/2012
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 32 year old female, who sustained an industrial injury on September 26, 2012. She reported low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having chronic intractable low back pain with associated lower extremity pain and numbness, lumbar disc extrusion, mild central canal stenosis and pars defect. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, multiple injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain with bilateral leg pain and numbness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 5, 2015, revealed continued pain as noted. Bilateral facet joint injections of the lumbar spine and Pars injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Acute & Chronic Chapter, Facet joint diagnostic blocks injections.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain, worse on the left. The request is for BILATERAL L5-S1 FACET INJECTION. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes degeneration of lumbar intervertebral disc. Treater states in patient assessment on 03/13/15 "Lumbar MRI October 26, 2012 reveals lumbar spondylosis most notable at L4-5 and L5-S1. The last formed disc I am calling L5-S1. [The patient] does have an apparent lytic defect at L5-S1, but I cannot fully assess on the MRI scans. Lumbar x-rays dated November 20, 2012 reveal slight anterolisthesis at L5-S1, but I cannot appreciate where the pars defect is noted, rule out lumbar instability. MRI scan 0/12/15 reveals bilateral pars defects most likely with x-rays dated 2/5/15 with about 4 to 5.5mm of anterolisthesis at L5-S1. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, multiple injections, medications and work restrictions. The patient is on modified duty, per 03/13/15 treater report. ODG Guidelines, Low Back Lumbar & Thoracic Acute & Chronic Chapter, Facet joint diagnostic blocks injections Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, and if successful -initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks, the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Franklin, 2008" Per 03/13/15 progress report, treater states "I would recommend bilateral L5-S1 facet joints injections and pars injections in light of the instability and in light of the motion, as this is most likely the cause of the back pain." The patient continues with low back and bilateral leg pain. Physical examination to the lumbar spine on 03/13/15 revealed significant tenderness to palpation over the lower lumbar spine. Paresthesias, dysaesthesias, and positive straight leg raise test in both legs. According to guidelines, facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. This request is not in accordance with ODG indications. Therefore, the request IS NOT medically necessary.

Pars injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections-.

Decision rationale: Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain, worse on the left. The request is for PARS INJECTION. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes degeneration of lumbar intervertebral disc. Treater states in patient assessment on 03/13/15 "Lumbar MRI October 26, 2012 reveals lumbar spondylosis most notable at L4-5 and L5-S1. The last formed disc I am calling L5-S1. [The patient] does have an apparent lytic defect at L5-S1, but I cannot fully assess on the MRI scans. Lumbar x-rays dated November 20, 2012 reveal slight anterolisthesis at L5-S1, but I cannot appreciate where the pars defect is noted, rule out lumbar instability. MRI scans 0/12/15 reveals bilateral pars defects most likely with x-rays dated 2/5/15 with about 4 to 5.5mm of anterolisthesis at L5-S1." Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, multiple injections, medications and work restrictions. The patient is on modified duty, per 03/13/15 treater report. ODG Guidelines, Low Back - Lumbar & Thoracic Acute & Chronic Chapter, Facet joint diagnostic blocks injections Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." There should be no evidence of radicular pain, spinal stenosis, or previous fusion, and if successful -initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Franklin, 2008" Per 03/13/15 progress report, treater states "I would recommend bilateral L5-S1 facet joints injections and pars injections in light of the instability and in light of the motion, as this is most likely the cause of the back pain." The patient continues with low back and bilateral leg pain. Physical examination to the lumbar spine on 03/13/15 revealed significant tenderness to palpation over the lower lumbar spine. Paresthesias, dysaesthesias, and positive straight leg raise test in both legs. According to guidelines, facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. In regard to the pars injection, there is currently no discussion in any of the guidelines supporting lytic pars defect as potential source of chronic pain. Therefore, the request IS NOT medically necessary.