

Case Number:	CM15-0094291		
Date Assigned:	05/20/2015	Date of Injury:	01/12/2010
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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 53 year old male, who sustained an industrial injury on January 12, 2010. He reported that while working as a bus driver, he walked off a curb, slipped and fell, noting intense back pain. The injured worker was diagnosed as having left lumbar radiculitis and spinal stenosis. Treatment to date has included a MRI, epidural injection, physical therapy, lumbar support, and medication. Currently, the injured worker complains of deep, constant bilateral low back ache. The Treating Physician's report dated March 25, 2015, noted the injured worker received a right transforaminal epidural at L4 and L5 on March 4, 2015. The injured worker reported his leg pain was totally resolved, with no change in his back pain, rating his pain at 8/10 in his back and 0/10 in his leg. Lumbar extension was noted to increase bilateral low back pain, and lumbar flexion caused bilateral low back pain. Tenderness was noted over the L4-L5 and L5-S1 joints bilaterally. The injured worker reported that prior to the injection his symptoms were 50% back and 50% legs, and that currently the pain was all 100% back. The injured worker was noted to have an extrusion at L4-L5. The past epidural was noted to have resolved both back and leg pain. Currently the injured worker was noted to have more facet generated pain, with the treatment plan noted to include placing cortisone in the lower two joints with testing before and after with bilateral intra-articular facet injections at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 (lumbar) Intra-Articular Facet Injections, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Injections.

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, diagnostic facet blocks Low back, section on Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with totally resolved leg pain rated 0/10, unchanged back pain rated 8/10. The treater has asked for right L4-5 intra-articular facet injection qty: 1 on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p right transforaminal epidural injection at L4 and L5 from 3/4/15. The patient states that prior to injection, his symptoms were 50% back and 50% leg, but now they are 100% back per 3/25/15 report. The patient has returned to a home exercise program and working out in the gym, but is having some difficulty per 3/25/15 report. The patient has had previous NSAIDs, physical therapy, and unspecified injections per 3/25/15 report. His last epidural was in 2012 prior to the one he had on 3/4/15, and in the past, epidurals have resolved both leg and back pain per 3/25/15 report. The patient's work status is not included in the provided documentation. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The rationale for the request is not provided. Lumbar MRI dated 8/7/14 revealed "multilevel spondylitic changes of the lumbar spine. At L4-5, Interval resolution of previously seen large right paracentral disc extrusion. Large right > left disc bulge, with bilateral moderate facet joint hypertrophy. Moderate right neural foraminal narrowing. At L5-S1, mild broad-based disc bulge and mild facet joint hypertrophy." Patient's prior MRI study of lumbar was on 1/25/10. A physical exam on 1/14/15 showed a positive straight leg raise. Review of medical records does not indicate whether or not the patient has had prior facet injections. In this case, the patient does present with a positive straight leg raise and radicular symptoms, for which facet diagnostic evaluations are not indicated. Hence, the request is not medically necessary.

Left (lumbar) L4-L5 and Bilateral L5-S1 (sacroiliac), Intra-Articular Facet Injections, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Injections.

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, diagnostic facet blocks Low back, section on

Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with totally resolved leg pain rated 0/10, unchanged back pain rated 8/10. The treater has asked for left L4-5 and bilateral L5-S1 intra-articular facet injection qty: 3 on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p right transforaminal epidural injection at L4 and L5 from 3/4/15. The patient states that prior to injection, his symptoms were 50% back and 50% leg, but now they are 100% back per 3/25/15 report. The patient has returned to a home exercise program and working out in the gym, but is having some difficulty per 3/25/15 report. The patient has had previous NSAIDs, physical therapy, and unspecified injections per 3/25/15 report. His last epidural was in 2012 prior to the one he had on 3/4/15, and in the past, epidurals have resolved both leg and back pain per 3/25/15 report. The patient's work status is not included in the provided documentation. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The rationale for the request is not provided. Lumbar MRI dated 8/7/14 revealed "multilevel spondylitic changes of the lumbar spine. At L4-5, Interval resolution of previously seen large right paracentral disc extrusion. Large right > left disc bulge, with bilateral moderate facet joint hypertrophy. Moderate right neural foraminal narrowing. At L5-S1, mild broad-based disc bulge and mild facet joint hypertrophy." Patient's prior MRI study of lumbar was on 1/25/10. A physical exam on 1/14/15 showed a positive straight leg raise. Review of medical records does not indicate whether or not the patient has had prior facet injections. In this case, the patient does present with a positive straight leg raise showing radicular symptoms, for which facet diagnostic evaluations are not indicated. Hence, the request is not medically necessary.

Fluoroscopic guidance for Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Lower Back Chapter under Fluoroscopy (for ESI's).

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with totally resolved leg pain rated 0/10, unchanged back pain rated 8/10. The treater has asked for fluoroscopic guidance for facet injection on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p right transforaminal epidural injection at L4 and L5 from 3/4/15. The patient states that prior to injection, his symptoms were 50% back and 50% leg, but now they are 100% back per 3/25/15 report. The patient has returned to a home exercise program and working out in the gym, but is having some difficulty per 3/25/15 report. The patient has had previous NSAIDs, physical therapy, and

unspecified injections per 3/25/15 report. His last epidural was in 2012 prior to the one he had on 3/4/15, and in the past, epidurals have resolved both leg and back pain per 3/25/15 report. The patient's work status is not included in the provided documentation. ODG-TWC, Lower Back Chapter under Fluoroscopy (for ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. See Epidural steroid injections (ESI's)." In this case, the patient had a prior right epidural steroid injection at L4-5, which resolved his leg pain. Fluoroscopy is indicated by ODG for epidural steroid injections. However, as the request for the facet injection is not indicated, neither is the fluoroscopic guidance. The request is not medically necessary.

Sedation for Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Injections.

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

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with totally resolved leg pain rated 0/10, unchanged back pain rated 8/10. The treater has asked for sedation for facet injections on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p right transforaminal epidural injection at L4 and L5 from 3/4/15. The patient states that prior to injection, his symptoms were 50% back and 50% leg, but now they are 100% back per 3/25/15 report. The patient has returned to a home exercise program and working out in the gym, but is having some difficulty per 3/25/15 report. The patient has had previous NSAIDs, physical therapy, and unspecified injections per 3/25/15 report. His last epidural was in 2012 prior to the one he had on 3/4/15, and in the past, epidurals have resolved both leg and back pain per 3/25/15 report. The patient's work status is not included in the provided documentation. ODG-TWC, Low Back Chapter, under Facet joint diagnostic blocks states: "The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety". In this case, review of reports show no signs of depression or anxiety, and no discussion regarding "extreme" anxiety to warrant sedation for the requested facet injection. ODG guidelines states, "The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." The medical necessity has not been established; and therefore, is not medically necessary.