

Case Number:	CM13-0058740		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	07/17/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female with a reported injury date on 09/12/2012. The mechanism of injury was not provided. The clinical note dated 12/12/2013 noted that the injured worker had complaints that included 7/10 pain to the midline region of the lumbar spine that radiated into the right buttock, thigh, and knee. It was also noted that the pain could reach 10/10, with activity, which significantly influences the injured workers activities of daily living. The objective findings include tenderness to palpation to the midline lumbar region, with muscle spasms noted on the right side and decreased range of motion to the lumbar spine; flexion measured at forty (40) degrees and extension measured at five (5) degrees. Additional findings included equal and symmetrical reflexes bilaterally to the lower extremities, normal strength of the hip, thigh and buttock muscles, and non-verifiable numbness in the right foot. It was noted that the injured worker has been prescribed Percocet and Pantoprazole for pain control. It was also noted that the injured worker underwent an MRI on 11/13/2012 that showed no focal disc herniation and central canal and neural foramen that were normal as well as an electrodiagnostic study dated 05/03/2103, which showed no evidence of right lumbar radiculopathy. The request for authorization form was not provided in the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTIONS AT L3-L4, L4-L5, AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Facet joint diagnostic injections, facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

Decision rationale: It was noted that the injured worker had complaints which included 7/10 pain to the midline region of the lumbar spine that radiates into the right buttock, thigh, and knee. It was also noted that the pain could reach 10/10 with activity, which significantly influences the injured worker's activities of daily living. The objective findings include tenderness to palpation to the midline lumbar region with muscle spasms noted on the right side and decreased range of motion to the lumbar spine; flexion measured 40 degrees and extension measured 5 degrees. Additional findings included equal and symmetrical reflexes of the bilateral lower extremities, normal strength of the hip, thigh and buttock muscles, and non-verifiable numbness in the right foot. It is noted that the injured worker has been prescribed Percocet and Pantoprazole for pain control. It was also noted that the injured worker received an MRI on 11/13/2012 that showed no local disc herniation and a central canal and neural foramen, which were normal as well as an electrodiagnostic study, dated 05/03/2103, which showed no evidence of right lumbar radiculopathy. The MTUS/ACOEM Guidelines indicate that invasive techniques such as facet joint injections are of questionable merit. Additionally, the Official Disability Guidelines states that facet injections can be used if there are complaints of low-back pain that is non-radicular and at no more than two (2) levels bilaterally. The guidelines note that there should be documentation of failure of conservative care for at least four to six (4 to 6) weeks and no more than two (2) facet joints can be injected in one (1) session. The documentation provided did not provide adequate evidence that the injured worker had failed conservative care. The requesting provider did not include adequate documentation of significant facetogenic pain. Additionally, the request is for three (3) joint levels, which exceeds the recommend guidelines. As such this request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs.

Decision rationale: It was noted that the injured worker had complaints which included 7/10 pain to the midline region of the lumbar spine that radiates into the right buttock, thigh, and knee. It was also noted that the pain could reach 10/10 with activity, which significantly influences the injured worker's activities of daily living. The objective findings include tenderness to palpation to the midline lumbar region with muscle spasms noted on the right side

and decreased range of motion to the lumbar spine; flexion measured 40 degrees and extension measured 5 degrees. Additional findings included equal and symmetrical reflexes of the bilateral lower extremities, normal strength of the hip, thigh and buttock muscles, and non-verifiable numbness in the right foot. It is noted that the injured worker has been prescribed Percocet and Pantoprazole for pain control. It was also noted that the injured worker received an MRI on 11/13/2012 that showed no local disc herniation and a central canal and neural foramen, which were normal as well as an electrodiagnostic study, dated 05/03/2103, which showed no evidence of right lumbar radiculopathy. The MTUS/ACOEM Guidelines indicate that lumbar imaging is not recommended in the absence of red flags for serious spinal pathology. The guidelines also state that unequivocal objective findings that identify specific nerve compromise upon examination is adequate evidence to warrant imaging when there is no response in treatment. Additionally, the Official Disability Guidelines states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It was noted that the injured worker had pain to the lumbar region; however, the examination noted normal strength, reflexes, and non-verifiable numbness. These findings do not suggest that the injured worker has evidence of serious spinal pathology or nerve compromise. It did not appear that the injured worker had a significant change in symptoms. Therefore, the need for an updated MRI is not medically necessary.