

Case Number:	CM13-0043107		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2012
Decision Date:	01/07/2015	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine and is licensed to practice in California. 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:

Injured worker is a 58 year old with injury date on 03/07/12. The patient was standing by time clock when a pallet cart carrying boxes knocked his back resulting in low back, cervical, and left shoulder pain. MRI of lumbar spine dated 07/12/12 noted spondylolisthesis changes in the lumbar spine. The X-ray of lumbar spine on 11/09/12 was reviewed and flexion and extension view was noted. The patient underwent left lumbar facet joint injections at L3, L4, L5, and S1 on 03/22/13. MD office note revealed current medications of Flexeril 10 mg, Ultram 50 mg, Cymbalta 30 mg, Trazadone 50 mg, Aspirin 81 mg and Zocor 10 mg. After body system review, the diagnosis were listed as degenerative disc disease, spondylolisthesis, low back pain, shoulder pain and cervical pain. Lumbar radiofrequency ablation at L3-L4-, L4-L5, L5-S1 and S1-S1 on the left was requested. Per note, the pain medication regimen was helpful in decreasing pain and increasing functional status. Lumbar spine flexion-extension films were ordered. The CAMTUS does not address the request for x-ray lumbar flexion/extension films.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FLEXION/EXTENSION FILMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography (X-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: Lumbar flexion/extension imaging studies are not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. However, in this case it is unknown why repeat study is needed as the X-ray of lumbar spine on 11/09/12 was reviewed and flexion and extension view was already obtained. No results were attached for review. Also no documentation that patient has symptomatic spondylolisthesis or is considering surgery.

A LEFT SIDE LUMBAR RADIOFREQUENCY ABLATION AT L3-S2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online, Low Back Pain

Decision rationale: Regarding the request for lumbar facet joint injection, the ACOEM guidelines state that facet joints for the lumbar spine are not recommended. Medical literature demonstrating that radiofrequency neurotomy of facet joint nerves does not exist regarding the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Also, the medical records fail to document objective and subjective physical examination findings that are consistent with a facet mediated type of pain. In the absence of objective facet mediated pain, the patient would not be considered an appropriate candidate for this type of interventional pain management procedure.