

Case Number:	CM13-0012734		
Date Assigned:	09/18/2013	Date of Injury:	11/26/2008
Decision Date:	01/17/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 11/26/2008. The diagnosis is 722.8, other symptoms referable to the back. The treating diagnoses include lumbar facet syndrome, lumbar disc disease, and lumbar arthritis. On 07/22/2013, the patient's treating physician issued a Peer-2 report noting the patient was a 64-year-old man with a history of low back pain as well as pelvic and sacral fractures who reported no new complaints. The patient reported constant local back pain and stress with periodic painful muscle spasms and pain aggravated by standing or walking. On examination there were no focal neurological findings. The major diagnoses were lumbar facet syndrome, lumbar disc disease, and lumbar arthritis. Previously on 02/13/2013, the patient had pain on exam and was noted to have 2+ tenderness in the lumbar paravertebral muscles with normal lumbar flexion and with slight limitation in extension or side bending. Lumbar facet steroid injections were recommended at that time. An initial physician review in this case indicated that a radiculopathy was not clearly ruled out and that overall there was no mention of other conservative treatment to date including physical therapy. That review also noted that this request was at three levels. For these multiple reasons, that reviewer recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet steroid injection, bilateral L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Invasive techniques, e.g., local injections and facet injections of cortisone and lidocaine, are of questionable merit." The Official Disability Guidelines indicate that facet joint intra-articular injections are "Under study...Current evidence is conflicting as to this procedure, and at this time no more than one therapeutic intra-articular block is suggested...No more than two joint levels should be blocked at one time." Therefore, in this case it is not clear from the records that this patient has a clinical history consistent with facet-mediated disease given a radicular component to the patient's presentation. Moreover, the guidelines do not recommend treating three levels at one time. The current request is not for medial branch block but rather for an intra-articular facet injection, which is particularly not recommended by the guidelines in terms of clinical efficacy. For these multiple reasons, this request is not medically necessary.