

Case Number:	CM13-0014825		
Date Assigned:	11/20/2013	Date of Injury:	11/07/2001
Decision Date:	01/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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 Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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.

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 patient is a 62-year-old female who reported an injury on 11/07/2001. The patient is currently diagnosed as status post L4 through S1 posterior lumbar decompression with instrumented fusion on 11/30/2004, and status post L4 to S1 removal of hardware on 06/20/2011. The patient was seen by [REDACTED] on 04/03/2013. The patient reported throbbing lower back pain with intermittent radiation to the bilateral lower extremities. Physical examination revealed well healed incision without signs of infection, exacerbation of symptoms with extension, positive straight leg raising bilaterally, and intact motor strength with the exception of trace weakness in the distal muscle groups. Treatment recommendations included continuation of current medications and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) facet injections at the bilateral L3-L4 spine with fluoroscopy between 7/30/2013 and 9/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine

provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in a lumbar region. The Official Disability Guidelines state that facet joint injections are limited to patients with low back pain that is non-radicular and at no more than two levels. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. As per the clinical notes submitted, the patient does complain of throbbing lower back pain with radiation to the bilateral lower extremities. The patient's physical examination does reveal positive straight leg raising bilaterally with diminished strength. There is no documentation of a failure to respond to previous conservative treatment prior to the request for a facet injection. Based on the clinical information received, the patient does not meet criteria for facet joint injections.