MAXIMUS Federal Services

Case Number:	CM13-0018283		
Date Assigned:	10/11/2013	Date of Injury:	01/21/2012
Decision Date:	08/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 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:

The injured worker is a 55 year old male who reported an injury on 01/21/2012. The injured worker complained of low back pain rated 7/10 on the Visual Analog Scale. On 08/19/2013, the physical examination revealed tenderness over the facet joints at L2-3 and L3-4 bilaterally, symmetrical deep tendon reflexes bilaterally, negative straight leg raise, and intact sensation to light touch and pinprick bilaterally to the lower extremities. The injured worker had an MRI without contrast of the lumbar spine on 03/20/2013 and an EMG on 05/03/2013. The injured worker had a diagnosis of spondylosis (lumbosacral), and lumbar degeneration. The past treatment included physical therapy, chiropractic therapy, acupuncture, medication, TENS unit therapy, and epidural steroid injections. The injured worker's medications included Tramadol/APAP 3.7/325 mg, Motrin/Ibuprofen 800 mg, Cetirizine HCl 10 mg, and lisinopril/hydrochlorothiazide 10/12.5 mg. The treatment plan is to continue to increase the functional ability for the injured worker. The physician hopes that the lumbar facet joint injections will give the injured worker the functional ability that he needs. The request for authorization form was dated 09/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTION L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular injections (therapeutic blocks.

Decision rationale: The ACOEM Guidelines state that facet joint injections are of questionable merit. The ODG state that the injured worker must have clinical presentation consistent with facet joint pain, with no evidence of radicular pain, no more than 1 therapeutic intra-articular block is recommended, no more than 2 joint levels may be blocked at any one time, and there must be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the documentation provided, the injured worker had a negative straight leg raise, tenderness over the facets, symmetrical deep tendon reflexes, and an intact sensory exam. However, the EMG study taken on 05/03/2013 was abnormal and clearly showed the presence of radiculopathy. Although, the physical examination states the injured worker had decreased radicular symptoms, it was due to the benefit of the epidural steroid injection given on 07/16/2013. In addition, there is no evidence of a formal plan of additional activity and/or exercise in addition to facet joint injection therapy. As such, the request is not medically necessary and appropriate.

BILATERAL LUMBAR FACET JOINT INJECTION L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The ACOEM guidelines state that facet joint injections are of questionable merit. The ODG state that the injured worker must have clinical presentation consistent with facet joint pain, with no evidence of radicular pain, no more than 1 therapeutic intra-articular block is recommended, no more than 2 joint levels may be blocked at any one time, and there must be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the documentation provided, the injured worker had a negative straight leg raise, tenderness over the facets, symmetrical deep tendon reflexes, and an intact sensory exam. However, the EMG study taken on 05/03/2013 was abnormal and clearly showed the presence of radiculopathy. Although, the physical examination states the injured worker had decreased radicular symptoms, it was due to the benefit of the epidural steroid injection given on 07/16/2013. In addition, there is no evidence of a formal plan of additional activity and/or exercise in addition to facet joint injection therapy. Given the above, the request for bilateral lumbar facet joint injection, L2-3 is not medically necessary and appropriate.

EACH ADDITIONAL LEVEL, FACET JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The ACOEM guidelines state that facet joint injections are of questionable merit. The ODG guidelines state that the injured worker must have clinical presentation consistent with facet joint pain, with no evidence of radicular pain, no more than 1 therapeutic intra-articular block is recommended, no more than 2 joint levels may be blocked at any one time, and there must be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the documentation provided, the injured worker had a negative straight leg raise, tenderness over the facets, symmetrical deep tendon reflexes, and an intact sensory exam. However, the EMG study taken on 05/03/2013 was abnormal and clearly showed the presence of radiculopathy. Although, the physical examination states the injured worker had decreased radicular symptoms, it was due to the benefit of the epidural steroid injection given on 07/16/2013. Also, the specific level for the injection was not provided. In addition, there is no evidence of a formal plan of additional activity and/or exercise in addition to facet joint injection therapy. As such, the request is not medically necessary and appropriate.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.