

Case Number:	CM13-0019223		
Date Assigned:	04/25/2014	Date of Injury:	12/07/2000
Decision Date:	06/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Illinois. 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 74 year old male who reported an injury occurring from 12/07/2000 to 11/26/2012 secondary to continuous trauma. An MRI of the lumbar spine on 01/18/2013 revealed mild to moderate spinal canal stenosis at L3-4 as a result of a disc bulge and facet disease, and a disc bulge at L4-5 causing moderate to severe spinal canal stenosis and neural foraminal stenosis. He was treated with an unknown duration of physical therapy. He was also treated with epidural steroid injections at L4-5 on 04/08/2013 and 04/25/2013 with limited improvement, and an epidural steroid injection at the right S1 nerve root on 05/16/2013. The injured worker was evaluated on 06/12/2013 and reported 7-8/10 constant right low back pain with bilateral mild to moderate leg numbness. On physical exam, the injured worker was noted to have pain in all planes, with a positive straight leg raise bilaterally and decreased lower extremity motor strength (4/5). He was diagnosed with lumbar sprain and strain, radiculitis, and sciatica. A recommendation was made at that time for a transforaminal epidural steroid injection over the bilateral L5 levels. A clinical note on 08/14/2013 stated a request for right L3-4, L4-5, L5-S1 facet injections and right sacroiliac joint injections under fluoroscopy. Another clinical note on 10/29/2013 stated that the injured worker had received facet injections at L3-S1 approximately 2 weeks prior to the clinical visit. There is no other documentation of the administered facet injections in the medical records submitted for review. A retrospective request was submitted for right L3-4, L4-5, L5-S1 facet injections and right sacroiliac joint injections under fluoroscopy with sedation referencing a prior request sent on 07/12/2013. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT L3-L4, L4-L5, L5-S1 FACET INJECTIONS AND RT S1 JOINT INJECTIONS UNDER FLUOROSCOPY WITH SEDATION/LOI SENT REQUEST FOR INFORMATION TO ■■■, ATTY, EE ON 7/12/13 PA REFERRAL/ PA DENIED: Upheld

Claims Administrator 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, Criteria for the use of diagnostic blocks for facet "mediated pain.

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 DIAGNOSTIC BLOCKS (INJECTIONS), SACROILIAC JOINT INJECTIONS (SJI).

Decision rationale: The request for right L3-4, L4-5, L5-S1 facet injections and right sacroiliac joint injections under fluoroscopy with sedation are not medically necessary. California MTUS/ACOEM Guidelines state that facet joint injections are of questionable merit. Official Disability Guidelines recommend an initial diagnostic facet injection for the treatment of low back pain that is non-radicular. At the time of the request, the injured worker reported radicular symptoms, and diagnoses of radiculitis and sciatica were noted. Therefore, the injured worker's clinical presentation would not warrant a facet injection according to the evidence-based guidelines. The documentation leading up to the referenced date of request (07/12/2013) indicated an intention to perform epidural steroid injections rather than facet injections. The medical records failed to provide a rationale for a facet injection as the previous findings indicated radiculopathy and treatment with epidural steroid injections. The guidelines also state that no more than 2 facet joint levels should be injected in one session. The request as written is for 3 facet levels. Furthermore, the guidelines state that the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The request as written specifies use of sedation, and there is a lack of documented evidence to indicate that the injured worker has extreme anxiety. Additionally, the request as written is for a right S1 joint injection. The injured worker was noted to have an epidural steroid injection previously at the S1 nerve root. It is unclear if the request is for an S1 epidural steroid injection or a sacroiliac joint injection. The documentation submitted for review fails to provide a rationale for the sacroiliac joint injection and fails to indicate a clinical presentation that would warrant a sacroiliac injection. As such, the request for right L3-4, L4-5, L5-S1 facet injections and right sacroiliac joint injections under fluoroscopy with sedation is not medically necessary.