

Case Number:	CM13-0020317		
Date Assigned:	12/11/2013	Date of Injury:	12/19/1984
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice 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. 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 patient is a 64-year-old female who reported an injury on 12/19/1984. The injury was noted to have occurred when she fell down approximately 20 steps while performing her usual customary job duties. Her symptoms are noted as back pain in the lumbar spine rated as 3/10 at her 08/20/2013 visit. Her physical exam findings included severe tenderness to palpation of the bilateral lower lumbar paraspinal muscles below the level of her fusion at L4-5. Her diagnoses include low back pain, lumbar radiculopathy, sciatica, and lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L5-S1 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 (ODG), TWC Low Back Procedure.

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 Diagnostic Blocks(Injections).

Decision rationale: The patient was noted to have chronic low back pain related to her injury on 12/19/1984. According to ACOEM Guidelines, invasive techniques such as facet joint injections are of questionable merit; however, many pain physicians believe that diagnostic injections may have benefits in the transitional phase between acute and chronic pain. For patients with chronic pain, the Official Disability Guidelines state that diagnostic facet joint injections may be recommended for patients with pain related to facet joint pathology as shown by tenderness to palpation in the paravertebral areas over the facet regions, normal sensory exam, absence of radicular findings, and normal straight leg raising exams. The clinical information provided for review failed to show tenderness to palpation over the facet joint on physical examination, and she does have a diagnosis of lumbar radiculopathy. Therefore, the patient does not show signs and symptoms consistent with facet joint pain. As such, the request for facet joint injections is not supported.