

Case Number:	CM13-0020782		
Date Assigned:	12/04/2013	Date of Injury:	10/21/2008
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

50 year old male with injury from 10/21/08. Per [REDACTED] diagnoses are lumbosacral spondylosis, thoracic or lumbosacral neuritis or radiculitis. Per 7/31/13 report by [REDACTED], the patient has lower lumbar tenderness at the L4-5 level, above fusion. In the past epidural and facet injections have given him relief, greater than 80%. Patient is working, on flexerila and Zipsor among others. The request was for lumbar epidural steroid injection (bilateral L5) and Facet injection. 8/19/13 report has the patient struggling with low back symptoms, and buttock pains. There are no examination findings. On 4/22/13 report, the treater states "epidural and facet injections are appropriate" referring to both together. MRI report from 1/31/12 showed discectomy and fusion at L5-1. Tiny central protrusion at L4-5, but mention of facet arthropathy. Report from 2/9/12 recommends diagnostic and therapeutic bilateral L5 transoraminal epidural steroid injections with bilateral L4-5 facet joint injections. The treater saw facet arthropathy on MRI at L4-5 with some fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral: single level: 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), Low Back Chapter, Facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, guidelines on lumbar facet joint signs & symptoms.

Decision rationale: In reviewing the treater's reports from 2013, the request appears to be for both ESI and facet joint injections. Helmsman's UR letter from 8/29/13 has listed facet diagnostic or therapeutic injection, but actual review of the treatment reports would show that the request is for both ESI and facet injections. However, none of the reports show any examination findings. ODG guidelines require paravertebral tenderness on examination. Although this is a common finding among chronic back pain patient, symptomatic facet joints cause localized pain and not diffuse pain. ACOEM guidelines do not support facet joint injections and does not differentiate diagnostic or therapeutic. ODG guidelines differentiate diagnostic injection of the facet joints but require that signs and symptoms are consistent with facet joint syndrome. In this request, no examination findings are noted to suggest a facet joint syndrome. Recommendation is for denial.