

Case Number:	CM13-0021721		
Date Assigned:	12/18/2013	Date of Injury:	01/27/2013
Decision Date:	01/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 49-year-old female who reported an injury on 01/27/2013. The patient is currently diagnosed with lumbosacral strain, left lumbosacral radiculitis, facet disease at L4-5 with anterolisthesis, central protrusion at L4-5, and mild disc desiccation at L3-4 and L4-5. The patient was recently seen by [REDACTED] on 10/23/2013. The patient reported persistent lower back pain with numbness to the left lower extremity. Physical examination revealed painful range of motion, 1+ ankle and knee reflexes, intact sensation, and palpable pulses. It was noted that an MRI of the lumbar spine taken on 04/24/2013, indicated mild disc desiccation at L3-4 and L4-5 with minimal disc bulge at L3-4 and central protrusion with facet arthropathy at L4-5. Treatment recommendations included bilateral facet injections at L3-4 and L4-5

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilater lumbar facet injection under Fluoroscopy L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181.

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 Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques are of questionable merit. 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 the lumbar region. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 04/24/2013, which indicated mild to moderate facet hypertrophy with minimal narrowing of the neural foramina at L3-4 and moderate facet hypertrophy with bilateral facet effusion at L4-5. However, the patient's physical examination does not reveal facet-mediated pain. The patient complains of lower back pain with numbness in the left lower extremity. The patient does maintain a diagnosis of lumbosacral radiculitis. There is also no evidence of a failure to respond to at least 4 to 6 weeks of recent conservative treatment, to include home exercise and medications. Based on the clinical information received, the request is non-certified.