

Case Number:	CM13-0022816		
Date Assigned:	06/06/2014	Date of Injury:	04/30/2008
Decision Date:	07/14/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/11/2013

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, 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:

The injured worker is a 49-year-old male who reported an injury on 04/30/2008 due to continuous trauma. The injured worker complained of lower back pain that radiated to the left lower extremity and buttocks region. The injured worker also reported weakness in the right leg. On physical examination, the injured worker had lumbar paraspinous muscle tension on the triangle form by the L4-L5 spine and right posterior superior iliac spine. No tenderness to palpation at the L4-L5 level. The injured worker's range of motion of the lumbar spine was 45 degrees on flexion, 10 degrees on extension, right lateral 15 degrees on flexion, left lateral 20 degrees on flexion, left rotation of 60 degrees and right rotation of 60 degrees. The injured worker had pain increased by lumbar facet loading maneuvers, particularly on the right side, less so on the left side. The injured worker had no tenderness over the buttocks, greater trochanter or sacroiliac joint. Special tests including sacral compression, sacral distraction and sacral PA thrust were negative. Gaenslen's test was negative bilaterally. Trendelenburg, drop foot, heel drop, knee weakness were also negative. Muscle strength over the lower extremities was normal. Neurovascular examination of the lower extremities was unremarkable. Straight leg raising at supine was negative to 90 degrees and straight leg raising sitting were also negative at 90 degrees. MRI done on 07/30/2012 revealed multilevel disc herniation into the right L4-L5, greater than the left. The injured worker's diagnosis was lumbar degenerative disc disease. The injured worker's medications consist of over the counter Motrin, no dosage, duration or frequency were listed in report. Treatment to date had reportedly been conservative care with oral medications and the use of a TENS unit. The rationale for request was not provided for review. The request for authorization form was dated on 07/01/2013 and was provided by the injured worker's provider, [REDACTED], N.P.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 FACET INJECTION LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, FACET JOINT PAIN, SIGNS AND SYMPTOMS.

Decision rationale: The request for L4-L5 Facet injection lumbar spine is not medically necessary. The injured worker complained of lower back pain that radiated to the left lower extremity and buttocks region. The injured worker also reported weakness in the right leg. Furthermore, the California MTUS/ACOEM guidelines indicate that facet injections are of questionable merit. Facet injections, when recommended are so for acute pain. The injured worker based on documentation is already in the chronic stage and is not within guidelines. The Official Disability Guidelines indicate that facet injections are recommended for injured workers with a clinical presentation consistent with facet joint pain. The injured worker had no tenderness to palpation on the L4-L5 level. There is no documentation of facet joint pain or increased pain with extension or loading of the facet joints to support the request for facet joint injection. As such, the request for facet injections at L4-L5 is not medically necessary.