

Case Number:	CM13-0023724		
Date Assigned:	11/15/2013	Date of Injury:	08/04/2006
Decision Date:	03/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 and Rehabilitation 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 42-year-old female who reported an injury on 08/04/2006 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, a home exercise program, anti-inflammatory medications, and epidural steroid injections. The patient underwent an MRI that revealed multi-level degenerative disc disease and facet arthritis in combination with a small disc protrusion at the L4-5 and moderate left foraminal narrowing at the L3-4. The patient's most recent clinical evaluation included complaints of weakness in the low back, numbness and tingling in the toes, and low back pain radiating into the left lower extremity. The patient's physical findings included normal bilateral lower extremity reflexes, normal light sensation in the lower extremities, and a negative bilateral straight leg raising test. The patient also had decreased range of motion of the lumbar spine with concordant pain with facet loading and tenderness to palpation of the facet joints. The patient's diagnoses included lumbar spondylosis and chronic mechanical low back pain. The patient's treatment plan included facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for right L3-S1 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (injections)

Decision rationale: The requested right L3 through S1 facet injections for date of service 08/19/2013 were not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend facet injections for acute low back pain. However, as the patient has had this condition for an extended duration, this would be considered a chronic condition. Official Disability Guidelines recommends facet joint injections in the absence of radicular findings for well-documented facet-mediated pain that has been unresponsive to conservative therapy. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy that has not resolved the patient's symptoms. The clinical documentation also reports that the patient has facet-mediated pain as evidenced by positive facet loading and an MRI that reveals facet arthropathy at multiple levels. However, the most recent clinical findings also include subjective complaints of radiculopathy. The physical findings during examination conflict with these subjective complaints. As this conflicting information is not addressed within the documentation submitted for review, facet injections cannot be supported. As such, the requested right L3 through S1 facet injections for 08/19/2013 is not medically necessary or appropriate