

Case Number:	CM13-0024013		
Date Assigned:	11/20/2013	Date of Injury:	08/02/2011
Decision Date:	01/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 Anesthesiology 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 patient is a 37-year-old male who reported an injury on 08/04/2011. The mechanism of injury was not provided in the medical records. The patient's symptoms were noted to include back pain with radiation to the left calf and left thigh. Physical exam findings include an antalgic gait, positive spasm in the lumbar region, straight leg raises were noted to cause back pain bilaterally, decreased range of motion of the lumbar spine, tenderness to palpation over the bilateral L4-5 and L5-S1 facets, positive facet loading maneuvers, and normal strength, reflexes, and sensation to the bilateral lower extremities. The patient's diagnoses are listed as facet arthropathy, chronic pain due to trauma, and low back pain. A recommendation was made for therapeutic facet injections bilaterally at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Intra-articular Facet Corticosteroid Injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, facet joint intra-articular injections(therapeutic blocks) & Facet joint pain, signs & symptoms.

Decision rationale: The Official Disability Guidelines list the criteria for use of therapeutic intra-articular facet joint injections as no more than 1 therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; no more than 2 joint levels may be blocked at any 1 time; and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to the facet joint injection therapy. Additionally, the ODG state that facet joint pain signs and symptoms should include tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, although it does state the pain may radiate below the knee, and normal straight leg raising exam. The patient does meet the criteria for facet joint pain signs and symptoms. Additionally, the patient does meet the criteria for use of therapeutic intra-articular facet injections, as he is shown to have facet joint pain, there is no evidence of radicular pain on the objective exam, no spinal stenosis or previous fusion, the request is for 2 joint levels only, and recent documentation dated 09/16/2013 does include a formal plan of additional evidence based activity and exercise to be participated in following the injection therapy. For these reasons, the request is certified.