

Case Number:	CM13-0030169		
Date Assigned:	03/19/2014	Date of Injury:	07/21/2010
Decision Date:	08/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 59-year-old male who reported an injury on 07/21/2010 due to an unknown mechanism. The injured worker had an MRI of the lumbar spine on 08/23/2010 which revealed multilevel degenerative disc changes at the lumbar spine most prominent at the L4-5 level where disc osteophyte complex combines with facet joint hypertrophy and ligamentum flavum hypertrophy to cause moderate to marked bilateral, greater than left, neural foraminal and mild narrowing of the central canal. Compared to prior study, there has been an interval increase in degree of degenerative changes, most severe at the L4-5 level. Previously seen, was a right paracentral disc extrusion at the L2-3 levels has been resolved. The physical examination on 07/31/2013 revealed pain level remained unchanged at 6/10. The injured worker stated he was not trying any other therapies for pain relief. The injured worker stated pain does not interfere with sleep; however, pain interfered with work sometimes. The medications for the injured worker were Lidoderm patch 5%, Celebrex 200 mg, Skelaxin 800 mg, Ibuprofen 800 mg, and Nexium 40 mg. An examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. The range of motion was restricted with flexion limited to 75 degrees limited by pain and extension limited to 22 degrees limited by pain but normal right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. On palpation, paravertebral muscles, tenderness and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on both sides while sitting at 65 degrees. Faber test was positive. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on right and left. Neurologic exam revealed strength of all the muscles was at 5/5. A sensory examination revealed light touch sensation was decreased over the lateral foot and anterior thigh, lateral thigh on the left side. Prior treatment included epidural steroid injection and medication. The treatment plan was to

continue with current medication regimen and lumbar facet joint injection at the L4-5 and L5-S1. Diagnoses for the injured worker were lumbar radiculopathy, lumbar facet syndrome, wrist pain, and low back pain. The request is for left lumbar facet joint injection at the L4-5, L5-S1. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR FACET JOINT INJECTION AT L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet Joint Intra-articular Injections.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state that for facet joint injections current evidence is conflicting as to whether this procedure at this time is no more than therapeutic as suggested. The guidelines state the criteria for the use of facet joint injections are no more than one therapeutic intra-articular block recommended at one time. There should be evidence on physical examination of facet mediated pain. There should be no evidence of radicular pain, spinal stenosis, or previous fusion and there needs to be documentation of failure of conservative treatment to include home exercise, physical therapy and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) prior to the procedure for at least 4-6 weeks. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. It was not reported within the document submitted if the injured worker had participated in any type of physical medicine such as acupuncture, manipulation, or physical therapy. It was not established that conservative care had been fully reached. Also, the clinical information provided indicated the injured worker had decreased sensation in the lower extremity which is not indicative of facet mediated pain. Therefore, the request for left Lumbar Facet Joint Injection AT L4-L5, L5-S1 is not medically necessary.