

Case Number:	CM13-0034760		
Date Assigned:	12/11/2013	Date of Injury:	10/15/1998
Decision Date:	02/04/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pain Medicine 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 56-year-old male who reported an injury on 10/15/1998 when he slipped while washing a floor, with his legs going out from under him, causing him to land on the buttock and tailbone. The patient's physical exam findings included tenderness over the L5-S1 facet joints, positive bilateral facet joint/neural foraminal loading tests, decreased motor strength to the right EHL, and decreased sensation to pin prick and light touch in his feet. He was diagnosed with lumbosacral spondylosis, L5-S1 facet arthropathy, and lumbosacral degenerative disc disease. A recommendation was made for right L4-5 and L5-S1 facet injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection under fluoroscopy for right L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar and Thoracic.

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 Pain, Signs & Symptoms & Facet Joint Diagnostic Blocks (injections).

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state that the criteria for facet joint injections include that the clinical presentation should be consistent with facet joint pain. The indicators of pain related to facet joint pathology are listed as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The patient was noted to have tenderness to palpation over his facet joints; however, the patient was noted to have sensory deficits on physical examination. Additionally, the guidelines state there needs to be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs, for at least 4 weeks to 6 weeks before receiving facet joint injections. The patient was noted to have been participating in home stretching, as well as taking Naprosyn, an NSAID, for inflammation. However, the documentation does not indicate whether the patient had participated in physical therapy, or whether the required conservative treatment had been tried for at least 4 weeks to 6 weeks. As the patient was noted to have positive sensory deficits, and it is unknown whether he had participated in physical therapy, home exercise, and NSAIDs for at least 4 weeks to 6 weeks, the request is not supported. Therefore, the request is non-certified.