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| Case Number: | CM13-0038214 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 04/10/2012 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 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 47-year-old male who reported an injury on 04/10/2012. The mechanism of injury was not provided. The patient was noted to have a facet block injection at L4-5 and L5-S1 on 10/09/2012. The patient was noted to have a straight leg raise that was to 90 degrees; however, the sensation to pinprick, deep tendon reflexes, and motor examination were normal with the exception of the reflexes were symmetrically diminished at the knee and ankle. The diagnosis was noted to be back pain and right sciatica. The request was made for bilateral L4-5 and L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injection.

Decision rationale: ACOEM Guidelines indicate that facet joint injections have limited research based evidence. However, as such, and there was a lack of criteria for subsequent injections,

other guidelines were sought. Official Disability Guidelines indicate that facet joint injections should indicate the patient had pain relief of at least 50% for duration of at least 6 weeks, and if this relief was obtained, the recommendation was to proceed to a medial branch diagnostic block and subsequent neurotomy. The patient should present with symptoms of facet joint pathology including tenderness to palpation in the paravertebral area, over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The clinical documentation submitted for review indicated the patient had tenderness and spasm that had improved with respect to the low back examination. The patient had decreased reflexes at the knee and ankle. The patient was noted to have a normal straight leg raise at 90 degrees. The clinical documentation submitted for review failed to support the necessity for a facet injection as there was a lack of documentation indicating the patient had at least 50% relief from the prior injection for duration of at least 6 weeks and failed to indicate the patient had tenderness to palpation in the paravertebral area specifically, and failed to indicate the patient had a normal sensory examination and the absence of radicular findings. Given the above, the request for bilateral L4-5 and L5-S1 facet injections is not medically necessary.