

Case Number:	CM13-0041922		
Date Assigned:	12/20/2013	Date of Injury:	06/25/2012
Decision Date:	05/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 57-year-old male who reported an injury on 06/25/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his right knee, low back and left foot. The injured worker was evaluated on 04/01/2013. It was documented that the injured worker had ongoing low back rated at an 8 out of 10. Physical findings included positive straight leg raising test to the right with intact sensation to light touch and pin prick of the bilateral lower extremities and 5 out of 5 lower extremity strength. The injured worker had positive tenderness over the bilateral facet joints from the L3-S1 with pain with facet loading. Recommendation was made for medial branch blocks to determine the appropriateness of a facet neurotomy. The injured worker was evaluated on 09/16/2013. It was documented that the injured worker continued to have pain rated at an 8 out of 10. Physical findings included limited lumbar range of motion with a negative straight leg raising test bilaterally. It was documented that a facet injection was requested at the L4-L5 level and was previously denied. An appeal for the request was made due to severe intractable lumbar pain that increased with extension and decreased with flexion that caused a loss of function. It is also noted that the injured worker had been treated with medications and did not provide adequate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTION L3-L4 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections (diagnostic).

Decision rationale: The requested bilateral lumbar facet injections at the L3-4 and L4-5 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do recommend medial branch blocks to determine the appropriateness of radiofrequency ablation; however, specific treatment parameters are not provided for this type of diagnostic testing. Official Disability Guidelines recommend medial branch blocks for well documented facet mediated pain that is nonresponsive to conservative therapy. The clinical documentation does indicate that in 04/2013 the injured worker had facet mediated pain; however, the injured worker's most recent clinical documentation does provide any evidence of facet mediated pain. There is no orthopedic testing to support the diagnosis of facet arthropathy. Additionally, the clinical documentation submitted for review does not provide any evidence that the injured worker has participated in any type of active therapy directed towards the lumbar spine. Therefore, this diagnostic test would not be supported. As such, the requested bilateral lumbar facet joint injection at the L3-L4 and L4-L5 are not medically necessary or appropriate.