

Case Number:	CM13-0042490		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2007
Decision Date:	02/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of November 17, 2007. A utilization review determination dated October 14, 2013 recommends non-certification of lumbar facet injections between October 9, 2013 and November 23, 2013. An operative report dated October 25, 2013 identifies that the patient underwent bilateral L3, L4, and L5 medial branch blocks. The note indicates that the patient has low back pain with difficulty moving, walking, and getting out of bed. The patient underwent lumbar epidural steroid injections which were not effective. A progress report dated October 25, 2013 includes subjective complaints indicating that the patient continues to have low back pain. Physical examination findings identify reduced lumbar spine range of motion, negative straight leg raise, and decreased sensation in the right lateral leg. Diagnoses include displacement of lumbar intervertebral disc, lumbago, thoracic or lumbosacral neuritis or radiculitis, and muscle spasm. The treatment plan states that the patient continues to suffer from low back pain with lumbar radiculitis symptoms. A progress report dated September 27, 2013 states that the patient continues to have back and leg pain. The note goes on to state that the patient continues to suffer from chronic low back pain with sciatic radiation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint pain, signs and symptoms.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, there is an abnormal sensory examination, and a diagnosis of radiculitis. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. As such, the currently requested lumbar facet injections are not medically necessary