

Case Number:	CM13-0044616		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2012
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. 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 51-year-old patient who reported an injury on 10/11/2012 and the mechanism of injury is that the patient reportedly had a cumulative trauma injury, while as a corrections officer, as a result of repetitive activities resulting in lower back and left leg pain. The request is for bilateral facet joint injections at L4-5, L5-S1. An unofficial MRI of lumbar spine on 09/23/2013 revealed a laminectomy site at L4-5 and L5-S1 with significant fluid in the facet joints bilaterally at L4-5 and significant spondylosis at L5-S1 as well as moderate left L5 foraminal stenosis and residual mild to moderate central canal and lateral recess stenosis at L4-5 and L5-S1. On examination, 10/04/2013, the patient complained of low back pain; significant pain with extension. The patient is status post two-level laminectomy at L4-5 and L5-S1 with bilateral L4-5 and L5-S1 medial facetectomy and foraminotomy, date of surgery 01/15/2013, which provided only 25% improvement. Other therapies included acupuncture without relief, physical therapy, and home exercise program. Medications listed are Gabapentin, Sertraline, Finasteride, Losartin, Metformin (dosages and frequencies not provided). Lumbar range of motion: flexion 60/60, sacral flexion 45, extension 10/25, left lateral bending 25/25, right lateral bending 25/25. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that facet blocks are of questionable merit. The Official Disability Guidelines (ODG's) do recommend no more than one therapeutic intra-articular lumbar block when facet joint pain is suspected, but not cervical blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. Not recommended for a multiple series of facet joint injections. Not recommended for thoracic facet joint injections. The request for bilateral facet joint injections at L4-5, L5-S1 is non-certified. Subjectively, the patient reported pain and only 25% relief from surgery. Pain management has been provided with prescribed medications, as well as, acupuncture, physical therapy, and a home exercise program. The Official Disability Guidelines do allow for facet blocks and as a diagnostic tool prior to a facet neurotomy. The clinical information provided did not indicate any significant functional deficits, as well as, any information to suggest that the patient was a candidate for a facet neurotomy. The request for bilateral facet joint injections is not medically necessary or appropriate.