

Case Number:	CM13-0045053		
Date Assigned:	06/09/2014	Date of Injury:	02/01/2012
Decision Date:	11/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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, 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 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 53 year-old male with a date of injury of 2/1/12. The patient's industrially related diagnoses include chronic low back pain, lumbar facet arthropathy, lumbar radiculopathy, and a history of L4-5 discectomy. The disputed issue is a request for facet injection. It is noted that the patient has had previous medial branch blocks and multiple epidural steroid injections. A rhizotomy of the lumbar region was recommended in a QME, but it is not evident in the documentation as to whether this was carried out. A utilization review determination had noncertified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 facet diagnostic / therapeutic 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): 300, 309.

Decision rationale: ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are "Not recommended" in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)."

Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. In the case of this injured worker, there is no documentation that the worker is at the transitional phase between acute and chronic pain as this is a long-standing issue. Given, the guidelines, the request for facet injection is not medically necessary. The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. In the case of this injured worker, there is no documentation that the worker is at the transitional phase between acute and chronic pain as this is a long-standing issue. Given, the guidelines, the request for facet injection is not medically necessary.