

Case Number:	CM13-0045560		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2012
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 52-year-old male who sustained a low back injury on February 15, 2012 when he slipped and fell. The patient has chronic back pain. A lumbar MRI shows L5-S1 disc degeneration. There is no significant spinal stenosis. The patient had prior spinal surgery including partial laminectomy of the left L5-S1. A thoracic MRI was normal. The patient has had physical therapy and medications, but he continues to have pain. Physical examination reveals tenderness at the paraspinal musculature with reduced lumbar motion. There is generalized weakness in knee extension and ankle motion due to pain. At issue is whether facet injections are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for two (2) Facet joint injections at bilateral L4-5 with image guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines (ODG Treatment in Workers Comp, 11th edition) Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: This patient does not meet established criteria for facet joint injections. Criteria suggest a facet joint injection should be performed in cases where there is a clinical presentation of facet joint pain with signs and symptoms. In addition, criteria suggest that the patient should have a normal sensory examination in the absence of radicular findings. In this case, the clinical picture is not consistent with possible facet joint pain at the proposed levels and only mild palpation tenderness throughout the lumbar spine is present on examination. There is no indication at L4-5 and L5-S1 levels of the source of the pain. In addition, there is active radiculopathy with complaints of radicular pain, positive straight leg raise and motor weakness on physical examination. Criteria for facet joint injections are not met. Therefore, the request is not certified.

request for two (2) Facet joint injections at bilateral L5-S1 with image guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines (ODG Treatment in Workers Comp, 11th edition) Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: This patient does not meet established criteria for facet joint injections. Criteria suggest a facet joint injection should be performed in cases where there is a clinical presentation of facet joint pain with signs and symptoms. In addition, criteria suggest that the patient should have a normal sensory examination in the absence of radicular findings. In this case, the clinical picture is not consistent with possible facet joint pain at the proposed levels and only mild palpation tenderness throughout the lumbar spine is present on examination. There is no indication at L4-5 and L5-S1 levels of the source of the pain. In addition, there is active radiculopathy with complaints of radicular pain, positive straight leg raise and motor weakness on physical examination. Criteria for facet joint injections are not met. Therefore, the request is not certified.