

Case Number:	CM13-0048482		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2006
Decision Date:	03/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 patient with a date of injury of 8/16/06. A utilization review determination dated 10/30/13 recommends non-certification of bilateral lumbar facet joint injection L3-4, L4-5. A progress report dated 10/21/13 identifies subjective complaints including chronic low back and left knee pain 5/10. He admits to drinking alcohol to help with the pain, but he does not wish to drink for pain and does wish to have the pain medication. He does not wish to go forward with chiropractic sessions at this time and would rather treat his pain with an injection. Objective examination findings identify tenderness to palpation along the L3-4 and L4-5 bilateral lumbar facet joints with range of motion (ROM) decreased by 60% with extension, full with flexion, and decreased by 30% with rotation bilaterally and with lateral tilt. Sensation was decreased to light touch along the left lower extremity (LLE) especially at the left lateral and anterior thigh compared to right lower extremity (RLE). Straight leg raising (SLR) was negative bilaterally. Diagnoses include pain in joint lower leg and sprain strain lumbar region. Treatment plan recommends diagnostic facet injection. A progress report dated 11/6/13 identifies subjective complaints including chronic low back and left knee pain. Tramadol ER is working better for the pain, as he is able to sleep at night and pain level has dropped from 7-8/10 to 4-5/10. Objective examination findings identify antalgic gait. Diagnoses include pain in joint lower leg and sprain strain lumbar region. Treatment plan recommends facet injection as the MRI dated 8/20/13 was noted to show facet hypertrophy and the patient has back pain greater than leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral lumbar facet joint injection L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Regarding the request for bilateral lumbar facet joint injection L3-4, L4-5, California MTUS cites that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." ODG notes that the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic medial branch blocks rather than intraarticular facet joint injections. Within the documentation available for review, there are symptoms/findings suggestive of facet joint involvement including mostly localized low back pain with tenderness over the facets, limited range of motion (ROM) especially in extension and rotation, and mostly negative neurologic findings including a negative straight leg rise. There is also evidence of facet arthropathy on MRI, and the proposed injections are noted to be for diagnostic purposes. However, there is no clear rationale for the use of intraarticular injections rather than medial branch blocks for the diagnosis of facet joint pain, as the former have been shown to better predict a successful outcome with neurotomy, and even in the case of successful intraarticular injections, medial branch blocks would still be required prior to progressing to neurotomy for more definitive treatment. In light of the above issues, the currently requested bilateral lumbar facet joint injection L3-4, L4-5 is not medically necessary.