

Case Number:	CM13-0058749		
Date Assigned:	06/09/2014	Date of Injury:	07/29/2012
Decision Date:	08/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 07/29/2012. The mechanism of injury was not provided. The injured worker stated that the pain was reduced, and he was able to sleep better. He also complained of numbness in the right lower limb. He stated that it radiated down to his right calf. On the physical examination, motor strength of the lower limbs was 5/5 of hip extension, knee extension and knee flexion and 4/5 in right ankle dorsiflexion, inversion, eversion and plantar flexion muscles, with EHL muscles 4/5, right hip abductor 4/5 and left hip abductor 5/5. The MRI of the lumbar done on 11/12/2012 suggested an L3-4 broad-based left paracentral disc protrusion and ligamentum flavum hypertrophy, an L4-5 broad-based central disc protrusion appearing to imprint on the right L5 nerve and mild right neural foraminal stenosis, and an L5-S1 posterior disc bulge with a tiny central disc protrusion and mild bilateral neural foraminal stenosis with touching of the left L5 nerve. He has diagnoses of lumbar radiculitis, low back pain, chronic pain and lumbar facet syndrome. The only documented treatments showing are medications, which include gabapentin 400 mg 1 tablet 3 times a day and Voltaren XR 100 mg 1 tablet at bedtime. The current treatment plan is for a lumbar facet steroid injection to the right L4-5. The rationale was not submitted for review. The Request for Authorization form was submitted on 11/10/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET STEROID INJECTION TO THE RIGHT L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint medial branch blocks (therapeutic injections) and Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The injured worker stated pain symptoms were decreasing and he was able to sleep better. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet injections are of questionable merit; however, 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. More specifically, the Official Disability Guidelines state the criteria for therapeutic facet joint injections includes that there no evidence of radicular pain, spinal stenosis, or previous fusion; no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In addition, the ODG define facet originated pain as tenderness to palpation over the facets; normal sensory examination; and normal straight leg raising exam. There lacked documentation of failure of conservative treatment. There was also no documentation showing a plan for additional activity-based treatment following the requested injection. Further, the injured worker's clinical presentation showed radiating symptoms and physical exam findings consistent with radiculopathy. Therefore, facet injections are not supported by the guidelines. As such, the request for a lumbar facet steroid injection to the right L4-5 is not medically necessary.