MAXIMUS Federal Services

Case Number:	CM13-0065134		
Date Assigned:	02/07/2014	Date of Injury:	11/15/2012
Decision Date:	08/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 38-year-old female with a date of injury on 11/15/2012. Subjective complaints are of low back pain that is described as band-like. There is also intermittent radiation of numbness and tingling in the lower extremities to the knee. Physical exam shows decreased lumbar range of motion, negative straight leg raise test, normal motor strength, and intact sensation. A MRI of the lumbar spine from 6/4/2013 showed mild bilateral foraminal stenosis at L4-L5 with bulging of disc and facet hypertrophy. There was also L5-S1 foraminal protrusion and annular fissure. Prior treatment has included medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTION L4-L5 FLUOROSCOPIC GUIDANCE IV SEDATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310,Acupuncture Treatment Guidelines.

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, FACET JOINT INJECTIONS.

Decision rationale: The California MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet Neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Criteria for facet joint pain are Tenderness to palpation in the paravertebral areas (over the facet region); A normal sensory examination; Absence of radicular findings, although pain may radiate below the knee; and a normal straight leg raising exam. Injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there should be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. For this patient, physical exam findings are consistent with facet-mediated pain. There is also documentation of failure of conservative treatment prior to the procedure, and no more than two joint levels are requested for injection in one session. Therefore, the requested facet joint injection is consistent with guideline recommendations, and is medically necessary.