MAXIMUS Federal Services

Case Number:	CM13-0065297		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2012
Decision Date:	06/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation 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 28-year-old female who reported an injury on 10/16/2012. The mechanism of injury is not provided with the review. A clinical examination was conducted on 12/06/2013. The injured worker's chief complaint was right hip pain and low back pain. The subjective complaints included an overall pain rating to be 5/10 with no new radiation, numbness or tingling sensations, or problems controlling her bowel or bladder. The injured worker is not on any current medications for pain. A neurological examination of the lower extremities revealed ankle dorsiflexors, plantar flexors, and extensor function to be 5/5 in the right and the left for every test. Deep tendon reflexes included knee jerks at 2+ each for right and left. The injured worker's gait is normal on the tip of toes and heels. The injured worker was able to cross her legs but complains of tightness in the right hip area and the low back. The impression of the examination includes right hip pain, sacroiliac joint dysfunction, and possibility of facet arthropathy. The treatment plan included the injured worker returning back to work without restrictions. The injured worker was not taking any medications so no medications were prescribed. The request was for right L4-5 and L5-S1 facet joint injections and a second request was for right S1 joint injection. A Request for Authorization for medical treatment was included in the documentation for the request and dated 11/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 AND L5-S1 FACET JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES , 12, 3001,9 FACET INJECTIONS

MAXIMUS 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) Low Back, Facet joint pain, signs and symptoms

Decision rationale: The decision for right L4-5 and L5-S1 facet joint injection is not medically necessary. CA MTUS/ACOEM low back complaint chapter states facet joint injections are not recommended for the treatment of low back disorders. The injured worker had a physical evaluation, but did not have any pain on range of motion, nor did the injured worker have positive facet loading or rocking. It is not documented that the injured worker had facet mediated pain. The documentation submitted for review did include some conservative treatment including acupuncture; however, her conservative care with use of medications has not been used. The Official Disability Guidelines low back chapter suggests indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and normal straight leg raising exam. Due to a lack of clinical evidence of indicators for facet joint pathology to include the presence of facet tenderness to palpation, the request for the right L4-5 and L5-S1 facet joint injection is not medically necessary.

RIGHT S1 JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES , , 185

MAXIMUS 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) Low Back, Facet joint pain, signs and symptoms

Decision rationale: The decision for right S1 joint injection is not medically necessary. The American College of Occupational and Environmental Medicine states in the low back complaints chapter that facet joint injections are not recommended for the treatment of low back disorders. In addition, the Official Disability Guidelines low back chapter has suggested indicators of pain related to facet joint pathology. These indicators of pain include: tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings, and normal straight leg raise exam. The physical examination does not indicate tenderness to palpation, absence of radicular findings, or normal straight leg raising exam. There is no evidence of conservative care, including medications being taken for the low back pain. There is also no evidence in the clinical documentation of facet mediated pain by evidence of a positive facet loading or rocking or pain in range of motion. Therefore, the decision for right S1 joint injection is not medically necessary.