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| Case Number: | CM13-0066524 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/21/2006 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 29-year-old male who reported an injury on 06/21/2006. The mechanism of injury was not stated. The patient is currently diagnosed with long-term current use of other medication, radiculopathy of the thoracic or lumbosacral spine, myalgia and myositis, muscle spasm, facet arthropathy, chronic pain, and lumbar degenerative disc disease. The patient was recently seen by the provider on 11/21/2013. The patient reported severe lower back pain with radiation to the right lower extremity. Physical examination revealed tenderness to palpation, decreased range of motion, and intact sensation. The treatment recommendations included an intra-articular facet injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

NTRAARTICULAR FACET INJECTION LUMBAR CORTICOSTEROID RIGHT L4-5, L5-S1: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines (ODG) state clinical presentation should be consistent with face joint pain, signs and symptoms. As per the documentation submitted, the patient has continuously reported lower back pain with radiation to the right lower extremity. The patient has reported significant relief with epidural steroid injections. The Official Disability Guidelines state facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is no documentation of a recent failure of conservative treatment including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.