

Case Number:	CM14-0000385		
Date Assigned:	05/23/2014	Date of Injury:	01/17/2011
Decision Date:	07/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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:

This is a 33-year-old female patient with a 1/7/11 date of injury. The 12/3/13 progress report indicates persistent low back pain. Physical exam demonstrates limited lumbar range of motion with tenderness, unremarkable lower extremity neurologic findings. Lumbar MRI demonstrates bilateral facet hypertrophy at L4-5 and L5-S1. 3/21/14 progress report indicates persistent neck and low back pain. The patient has developed severe gastric side effects secondary to medication and was on Zantac. The patient underwent a lumbar spine injection which helped for a few days. Physical exam demonstrates very limited lumbar range of motion, almost no extension, diminished sensation in the L4-5 and S1 nerve roots. The 2/13/13 electrodiagnostic testing demonstrates left C6-7 radiculopathies, unsatisfactory study of the left lower extremity. Treatment to date has included medication, H-wave therapy, physical therapy, heat wraps, and thermacare, as well as a home exercise program. There is documentation of a previous 12/19/13 adverse determination with modification to a medial branch block as therapeutic facet injections were not supported by applicable guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTION BILATERAL L4-L5, L5-S1 WITH SEDATION: 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) ; (Low Back Chapter) Facet Injections.

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) ; ODG (Low Back Chapter) Facet Injections.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, it is vaguely stated that the patient has had a previous lumbar injection. It is unknown whether the patient has had a lumbar ESI, trigger point injection, medial branch blocks, or another type of injection. In addition, there is diminished sensation in the L4-5 and S1 nerve roots, possibly radicular findings. It is also not documented how facet injections would be used as an adjunct to activity and exercise. Therefore, the request for facet joint injection bilateral L4-L5, L5-S1 with sedation is not medically necessary.