MAXIMUS Federal Services

Case Number:	CM14-0002527		
Date Assigned:	03/03/2014	Date of Injury:	03/09/2011
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [redacted] who has submitted a claim for low back pain associated from an industrial injury date of March 9, 2011. The treatment to date has included facet injections, back brace, TENS, physical therapy, and medications with include Norco, Motrin, Zofran, Valium, Morphine, Oxycontin/Percocet, Medrox, Dendracin, and Fexmid. The medical records from 2013 were reviewed, the latest of which dated November 20, 2013 revealed that the patient continues to have low back pain. On physical examination, there is positive paravertebral muscle spasm bilaterally. There is limitation in range of motion of the lumbar spine with flexion to approximately 20 degrees, extension to approximately 5 degrees, left lateral flexion to approximately 10 degrees, right lateral flexion to approximately 20 degrees, left rotation to approximately 22 degrees, right rotation to approximately 5 degrees. There is positive straight leg raise test on the right at 25 degrees and left at 15 degrees. There is positive Bragard test on the left, and positive Milgram's test and Valsalva test bilaterally. Deep tendon reflex +1 on the left Achilles. The sensory evaluation decreased over the left anterior and posterior leg. Recently on October 11, 2013, the patient has an acute flare-up of her lumbar spine and presented to the [redacted]. The patient was evaluated, provided with pain injections of Morphine, and given a prescription for Oxycontin/Percocet 10/325mg and Zofran for nausea. She followed up on November 13, 2013, and the attending physician noted that the patient was suffering from facet pain, and requested that the patient proceed with diagnostic facet blocks at L4-5 and L5-S1 levels. The patient's pain is reduced by the injections. The patient continues to wear a back brace and uses a home TENS unit for her pain. The utilization review from December 20, 2013 denied the requests for facet block injection at L4-L5 and L5-S1 levels and follow-up visit with pain management regarding facet injections. Reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK INJECTION AT L4-L5 AND L5-S1 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 300-301. 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), LOW BACK CHAPTER, FACET INJECTIONS.

Decision rationale: The MTUS/ACOEM Guidelines support facet injections for non-radicular facet mediated pain. The Official Disability Guidelines states that the criteria for facet injections include the documentation of low-back pain that is non-radicular, failure of conservative treatment, including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four to six (4-6) weeks, no more than two (2) joint levels to be injected in one (1) session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, facet block injection was prescribed due to continued facet pain. However, there are signs of radiculopathy, such as decreased deep tendon reflex +1 on the left Achilles and diminished sensation over the left anterior and posterior leg. Also, there is no formal plan of additional evidence-based activity and exercise in addition to facet block injection, therefore, the request for facet block injection at L4-L5 and L5-S1 levels is not medically necessary.

FOLLOW-UP VISIT WITH PAIN MANAGEMENT REGARDING FACET INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.