

Case Number:	CM14-0004250		
Date Assigned:	02/05/2014	Date of Injury:	02/12/2007
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Preventive 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:

According to the records made available for review, this is a 55-year-old male with a 2/12/07 date of injury, and L3-4, L4-5, and L5-S1 hemilaminectomy. At the time (11/5/13) of request for authorization for Lumbar Facet Injections at L3-4 , L4-5, and L5-S1, there is documentation of subjective (low back pain with muscle spasms radiating to the right buttocks and posterior thigh) and objective (tenderness to palpation over the lumbar facet joints, positive straight leg raise bilaterally, decreased sensation in the L5 and S1 distributions, and decreased deep tendon reflexes in both the knees and ankles) findings, current diagnoses (neuropathic pain syndrome with chronic low back pain and bilateral lower extremity radiculitis, lumbar facet arthropathy, and right hemilaminectomy L3-4, L4-5, and L5-S1), and treatment to date (medications and intrathecal opiate pump). Medical report identifies that the patient's symptoms are more facet related than due to neuropathic pain. There is no documentation of pain that is non-radicular, failure of additional conservative treatment (home exercise and physical therapy), pain at no more than two levels bilaterally, and that no more than 2 joint levels will be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTIONS AT L3-4 , L4-5, AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 300

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: ACOEM Guidelines identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of lumbar facet joint injections. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of lumbar facet joint injections. Within the medical information available for review, there is documentation of diagnoses of neuropathic pain syndrome with chronic low back pain and bilateral lower extremity radiculitis, lumbar facet arthropathy, and right hemilaminectomy L3-4, L4-5, and L5-S1. In addition, there is documentation of low back pain and failure of conservative treatment (including medications). However, despite documentation of a rationale that the patient's symptoms are more facet related than due to neuropathic pain, and given documentation of subjective findings (low back pain with muscle spasms radiating to the right buttocks and posterior thigh) and objective findings (decreased sensation in the L5 and S1 distributions and decreased deep tendon reflexes in both the knees and ankles), there is no documentation of pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (home exercise and physical therapy). Furthermore, given documentation of a request for lumbar facet injections at L3-4, L4-5, and L5-S1, there is no clear documentation of pain at no more than two levels bilaterally and that no more than 2 joint levels will be injected in one session. Therefore, the request is not medically necessary.