

Case Number:	CM14-0004566		
Date Assigned:	02/05/2014	Date of Injury:	08/16/2012
Decision Date:	07/16/2014	UR Denial Date:	12/18/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Minnesota. 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 25-year-old female who reported an injury on 08/16/2012. The mechanism of injury was not provided. The clinical note dated 12/03/2013 noted the injured worker presented with pain in the left lumbar area with numbness, pins, and needles radiating down to the left leg posteriorly. Upon examination of the lumbar spine, there was a 5/5 bilateral lower extremities strength, sensation is intact and equal, deep tendon reflexes are +2 and symmetric, there is a negative Babinski's sign, tenderness over the paraspinals, decreased range of motion due to pain and a positive straight leg raise bilaterally. The diagnoses were numbness, low back pain, lumbar sprain, and pregnancy as incidental finding. Prior treatment included a lumbar support pillow, Terocin patches, Tylenol, and the provider recommended bilateral lumbar facet joint injections at L4-5 and L5-S1. The provider's rationale was to reduce pain and increase function of the injured worker, and to identify if the facets are the pain generators. The request for authorization form was dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTIONS AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300.

Decision rationale: The California MTUS ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. However, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state that there should be evidence of failure to respond to conservative treatment, for 4-6 weeks, have evidence of non-radicular pain, and have no more than two facet joint levels injected in one session, and there should be evidence of a formal plan of evidence based activity and exercise in addition to injection therapy. The included medical documents lack evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The guidelines note that facet injections may aid in the transitional phase from acute to chronic pain, however the injured worker is already in the chronic stage of her injury. The provided documentation presents the injured worker with a positive straight leg raise, intact sensation, and tenderness over the paraspinals. However, as the patient had a positive straight leg raise and there was no mention of tenderness over the facets at the requested levels, the patient's clinical presentation is not consistent with facet mediated pain according to the referenced guidelines. As such, the request is not medically necessary.