

Case Number:	CM14-0007508		
Date Assigned:	02/10/2014	Date of Injury:	08/27/2013
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a male with a 8/27/13 date of injury. He was cutting and pulling branches when he felt a pull in his lower back and a burning sensation. On 12/11/13, the patient complained of pain as a 7/10. He was in moderate distress. He had severe back pain and tenderness over the bilateral L4-5 facet joint with limited range-of-motion. He had a normal neurological exam. A lumbar MRI on 10/3/13 showed minimal canal stenosis at L4-5, mild bilateral facet hypertrophy at L4-5 and L5-S1, and straightening of the lumbar spine consistent with spasm. Treatment to date: physical therapy, medication management, TENS unit, activity modification. A UR decision from 12/26/13 denied the request based on the fact that the physician is planning to utilize steroids as a part of the lumbar facet injection, which would make it a therapeutic block. There are certain criteria which must be met in consideration of the therapeutic block including evidence of a formal plan of activity and exercise in addition to the facet injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BI-LATERAL FACET STEROID INJECTION AT L4-L5 AND L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: The 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. This patient has non-radicular lower back pain with a normal neurological exam. He does have facet arthropathy seen on MRI at L4-5 and L5-S1. He has had extensive conservative management including physical therapy and a TENS unit. The request for bilateral facet steroid injections at L4-5 and L5-S1 was medically necessary.