

Case Number:	CM14-0104086		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2008
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 47-year-old male with a 1/14/08 date of injury, when he fell and slipped and injured his lower back. The supplemental report dated 8/22/13 indicated that the patient underwent lumbar facet injections on 4/2/13 and 4/13/13 and stated that the patient had only 20-30% relief from these injections and that the relief from the injections stopped after 2-3 days and then the pain returned. The progress note dated 4/23/14 revealed that the patient had multiple series of lumbar facet injections with temporary relief. The patient was seen on 7/17/14 with complaints of 8/10 chronic radicular low back pain radiating to the bilateral hip areas and bilateral lower extremity. The pain was aggravated by physical activity and alleviated by heat, massage, manipulation, and rest. Exam findings revealed lumbar facet tenderness to palpation, anterior flexion of the lumbar spine of 60 degrees, extension of the lumbar spine of 15 degrees and left and right lateral flexion of 15 degrees. Straight leg raising test was negative bilaterally, motor strength was 5/5 in all muscle groups in the bilateral lower extremities and the sensation was intact to light touch and pin prick in bilateral lower extremities. The diagnosis is lumbar radiculopathy, lumbar degenerative disc disease, and lumbar facet disease. MRI of the lumbar spine dated 9/20/09 (the radiology report was not available for the review) revealed: L5-S1 2 mm posterior disc bulge and facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing. Treatment to date: multiple lumbar facet injections, PT, chiropractic treatments, acupuncture, work restrictions and medications. An adverse determination was received on 6/25/14 given that the request contained more than 2 joint levels what exceeded the recommended number of injections by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Facet Injections 5 level; L3-L4, L4-L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic Facet Joint Injections; Official Disability Guidelines, Facet Joint Intra-Articular Injections (Therapeutic Blocks); Official Disability Guidelines, Lumbar Facet Joint Pain. http://www.odg-twc.com/odgtwc/low_back.html.

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: 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. The progress notes indicated that the patient underwent multiple lumbar facet injections in the past. The supplemental report dated 8/22/13 indicated that the patient underwent lumbar facet injections on 4/2/13 and 4/13/13 and stated that the patient had only 20-30% relief from these injections and that the relief from the injections lasted only 2-3 days. There is no clear rationale with regards to repeated lumbar injections and it is not clear when the patient had his last injection. In addition, the request exceeded the recommended number of levels to be injected in one session. Therefore, the request for Left Lumbar Facet Injections 5 level; L3-L4, L4-L5, S1 was not medically necessary.

Right Lumbar Facet Injections 5 level; L3-L4, L4-L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diagnostic Facet Joint Injections; ODG, Facet Joint Intra-Articular Injections (Therapeutic Blocks); ODG, Lumbar Facet Joint Pain. http://www.odg-twc.com/odgtwc/low_back.html.

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: 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. The progress notes indicated that the patient underwent multiple

lumbar facet injections in the past. The supplemental report dated 8/22/13 indicated that the patient underwent lumbar facet injections on 4/2/13 and 4/13/13 and stated that the patient had only 20-30% relief from these injections and that the relief from the injections lasted only 2-3 days. There is no clear rationale with regards to repeated lumbar injections and it is not clear when the patient had his last injection. In addition, the request exceeded the recommended number of levels to be injected in one session. Therefore, the request for Right Lumbar Facet Injections 5 level; L3-L4, L4-L5, S1 was not medically necessary.