

Case Number:	CM14-0012400		
Date Assigned:	02/21/2014	Date of Injury:	01/06/2009
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery and Sports 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:

The injured worker is a 60-year-old female who reported a fall on 01/06/2009. In the clinical note dated 09/19/2013, the injured worker complained of low back pain across her back. The physical examination of the lumbar spine revealed 2+ tenderness to palpation over the bilateral L4-5 and L5-S1 facets. The diagnoses included low back pain and lumbar spine facet joint syndrome. The treatment plan included Prilosec 20 mg and a request for bilateral L4-5 and L5-S1 facet joint injections. There were no prior treatments noted within the clinical note. The Request for Authorization for bilateral facet joint injections to the lumbar L4-S1 with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR L4-S1 FACET JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on the low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Low Back, Facet blocks.

Decision rationale: The MTUS/ACOEM guidelines indicate that invasive techniques, such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one (1) therapeutic intra-articular lumbar block when facet joint pain is suspected, but not cervical blocks. The guidelines recommend no more than one (1) set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. In the clinical notes provided for review, there was a lack of evidence within the physical examination indicating that the injured worker had positive facet loading at the L4-S1 levels. There was a lack of documentation indicating that the injured worker has significant findings of facetogenic pain at the requested levels. The documentation provided did not address failed conservative therapies, such as physical therapy and/or home exercise program or non-steroidal anti-inflammatory drugs (NSAIDs). There was a lack of documentation indicating that the injured worker had a negative neurological examination. Therefore, the request for bilateral lumbar L4-S1 facet joint injection is not medically necessary.