

Case Number:	CM14-0014830		
Date Assigned:	02/28/2014	Date of Injury:	01/05/2012
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 01/04/2012 due to an unknown mechanism of injury. His diagnoses include low back syndrome, lumbar spondylosis without myelopathy, lumbar herniated nucleus pulposus, sciatica, and lumbosacral sprain/strain. His current medications were noted to include Norco and ketoprofen. It was noted that the injured worker was treated previously with physical therapy. A CT scan of the lumbar spine performed on 02/29/2012 was noted to reveal severe degenerative facet hypertrophy on the right at L4-5 with joint space narrowing, hypertrophic bony changes, and subchondral sclerosis with small cysts. It was also noted that there was moderate left facet hypertrophy at this level and mild facet hypertrophy bilaterally at L5-S1. The MRI of the lumbar spine performed on 05/07/2012 was noted to reveal facet joint hypertrophy at L4-5. A repeat CT scan of the lumbosacral spine was performed on 10/22/2013 and was noted to reveal facet joint hypertrophy at L4-5 and L5-S1 with resultant mild neural foraminal stenosis bilaterally. The injured worker was evaluated on 01/08/2014 and reported 10/10 low back pain with numbness in his feet. He denied any shooting pain down his legs or numbness in his legs. On physical examination, the injured worker was noted to have tenderness to palpation at L4-5 and L5-S1 on the left side. He was also noted to have decreased sensation in the distal feet bilaterally, absent Achilles reflexes bilaterally, and normal motor strength in the bilateral lower extremities. The injured worker was noted to have positive straight leg raise tests bilaterally in both sitting and supine positions. It was noted that the injured worker was unable to participate in formal physical therapy program currently due to pain, but that he was participating in a home exercise program in his pool. He was recommended for facet injections at L4-5 and L5-S1. The request for authorization noted that the requested injections were not medial branch blocks but rather intra-articular facet

injections. A request for authorization was submitted on 01/13/2014 for the aforementioned injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTION TO THE LUMBAR SPINE AT L4-L5 AND L5-S1 ON THE LEFT WITH FLUOROSCOPY WITH SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Low Back Chapter, Facet joint pain, signs & symptoms, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for facet joint injection to the lumbar spine at L4-5 and L5-S1 on the left with fluoroscopy and sedation is not medically necessary. The injured worker was noted to have severe 10/10 lumbar spine pain. He was noted to have positive straight leg raises bilaterally, decreased sensation in the feet bilaterally, and absent Achilles reflexes bilaterally. The California MTUS/ACOEM Guidelines state that facet joint injections are of questionable merit. More specifically, the Official Disability Guidelines may recommend facet joint intra-articular injections when evidence-based criteria are met. These guidelines state that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines also state that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. Although, the injured worker denied any radiating pain, physical examination findings noted that he a positive straight leg raise bilaterally with decreased sensation in the distal feet and absent Achilles reflexes bilaterally. Furthermore, the most recent CT scan was noted to reveal mild to moderate canal stenosis at the requested levels. There is insufficient documented evidence to indicate that the injured worker presents with facet-mediated pain. Therefore, it cannot be determined that he would benefit significantly from a facet injection. As such, the request for facet joint injection to the lumbar spine at L4-5 and L5-S1 on the left with fluoroscopy with sedation is not medically necessary.