

Case Number:	CM14-0016077		
Date Assigned:	06/04/2014	Date of Injury:	11/20/2012
Decision Date:	08/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old female with a reported injury dated 11/20/2012. The mechanism of injury was cumulative repetitive trauma. The injured worker had an examination on 02/05/2014 where she presented for a recheck of her low back pain. The onset of her low back pain had been occurring in persistent pattern for over 1 year. The type of pain she complained of was muscle pain. She did not have any complaints of decreased range of motion, joint pain, joint stiffness or swelling. The injured worker had complaints of weakness. Muscle strength was 5/5, which was normal, to her lower extremities. Upon palpation of the spine, there was moderate tenderness over the lower lumbar paraspinal muscles. The injured worker denied complaints of spasms. Her functional tests, the crossed femoral stretching test was negative and the slump test was negative also. The injured worker had previous treatments of 10 sessions of acupuncture, which she reported was helpful. The injured worker reported doing well until she took a plane trip last week and her back flared up. Although, there was no evidence of efficacy or improvement documented. Her list of medications consisted of diclofenac sodium, Mobic, Skelaxin, Crestor, Bystolic, Cymbalta, Glumetza, hydrocodone-acetaminophen, sulfamethoxazole. Her diagnoses included lumbosacral spondylosis with myelopathy, degenerative disc disease cervical and degenerative disc disease lumbar. The recommended treatment of care was lumbar facet injections. The physician explained that she had spondylosis on imaging and chronic axial low back pain. He also requested treatment of 10 sessions of acupuncture. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET INJECTION WITH SEDATION L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 12 (Low Back Complaints) page(s) 300-301.

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, Facet Joint Pain, Signs and Symptoms, Facet Injections (Therapeutic).

Decision rationale: The request for bilateral facet injection with sedation L5-S1 is not medically necessary. According to the California MTUS/ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. However, many pain physicians believe the injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state facet joint pain should be established by documentation of tenderness to palpation of the paravertebral areas, normal sensory examination, absence of radicular findings, and normal straight leg raising exam. There was a lack of evidence of these tests that were done and lack of evidence of the signs and symptoms of facet mediated pain. In addition, the documentation did not indicate that the injured worker would be participating in a therapeutic exercise program following the requested injections. Therefore the bilateral facet injection with sedation is not medically necessary.

PRE-OP CLEARANCE WITH INTERNIST OR GENERAL PRACTITIONER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

UNDER FLUOROSCOPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.