

Case Number:	CM14-0016327		
Date Assigned:	04/11/2014	Date of Injury:	04/15/2013
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine 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 patient is a 56-year-old female with a date of injury of 04/15/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar myoligamentous injury with left lower extremity radicular symptoms. 2. Cervical spine sprain/strain. 3. Bilateral shoulder sprain/strain. 4. Medication-induced gastritis. According to report dated 01/17/2014 by [REDACTED], the patient presents with continued cervical spine, bilateral shoulder, and lumbar spine pain. The patient states she has an increased in her low back pain which radiates down to her left lower extremity. She rates the pain today as 8/10. The physician notes the patient does have significant disk bulge measuring 6 mm at L4-L5 with bilateral neural foraminal stenosis. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There is decreased range of motion of with obvious muscles guarding. There is decreased range of motion on all planes. Sensory exam with Wartenberg pinprick wheel is decreased along the posterior lateral thigh and calf about the L5-S1 distributions. Straight leg raise in the modified sitting position is positive at 60% which caused radicular symptoms to the left lower extremity. MRI of the lumbar spine dated 08/03/2013 revealed 6-mm disk herniation with bilateral neural foraminal stenosis. The physician states the patient has sensory deficits along the L5-S1 distribution which corresponds to the MRI studies. The patient has undergone an epidural steroid injection with relief and the physician would now like to trial an intra articular facet joint injection at L4-L5 and L5-S1. Utilization review is dated 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRA-ARTICULAR FACET JOINT INJECTIONS AT LEFT L4-5 & L5-S1: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300,301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with low back pain that radiates down to the lower extremities. The treater is requesting an intra-articular facet joint injection at L4-L5 and L5-S1. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, treater states the patient has positive straight leg raise at 60 degrees and sensory deficits along the L5-S1 distribution. ODG Guidelines are clear that facet injections are for non-radicular symptoms. Recommendation is for denial. The request for intra-articular facet joint injections at left L4-5 & L5-S1 is not medically necessary.