

Case Number:	CM14-0017884		
Date Assigned:	04/16/2014	Date of Injury:	06/29/2013
Decision Date:	06/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 27 year old female who reported an injury on 06/29/2013. The mechanism of injury was reported as a pull to the right arm. The clinic note dated 01/16/2014 showed the injured worker reported low back and right leg pain radiating to the right mid-calf which included tingling, numbness and weakness. The injured worker reported her pain was rated 7/10 and she reported the symptoms have become worse since the injury. The clinic note dated 01/16/2014 reported upon physical examination the injured worker had prominent tenderness to palpation over the right L5-S1 facet and right sacroiliac joint. The injured worker's straight leg raise was negative. The MRI performed on 01/13/2014 showed no disc herniation, no central canal stenosis or neuroforaminal narrowing and facet fluid was identified at L2-3 through L5-S1. Her diagnoses included Lumbago, Sacroillitis, and Lumbar facet joint pain. The recommended treatment included continued conservative care and facet joint injections at L3-4, L4-5, and L5-S1. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC DIFFERENTIAL RIGHT L3-4, L4-5 AND L5-S1 FACET JOINTS
STEROID INJECTIONS:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK CHAPTER.

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-Lumbar & Thoracic, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The request for diagnostic differential right L3-4, L4-5 and L5-S1 facet joints steroid injections is not medically necessary. The clinical documents provided for review showed the injured worker had a history of low back and right leg pain radiating to the right mid-calf with the physical exam submitted for review noting the injured worker had no evidence of radiculopathy. The American College of Occupational and Environmental Medicine Guidelines state that invasive techniques to include facet joint injections of cortisone and lidocaine are of questionable merit. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks for facet mediated pain must include documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The guidelines further recommend the injured workers signs and symptoms must be consistent with facet joint pain. The facet joint injections is also limited to patients with low-back pain that is non-radicular, and no more than two facet joint levels are injected in one session. The clinical notes provided for review showed the worker had prominent tenderness to palpation over the right L5-S1 facet joint and right sacroiliac joint as well as a negative straight leg raise. The documentation provided for review also showed the injured worker had been treated with an unknown number for chiropractic session without improvement. Reportedly her treatment also included Tramadol, Flexeril, Naproxen, and Menthoderm. However, while facet injections may be warranted, per the Official Disability Guidelines no more than 2 facet joint levels are injected in one session. The request is for 3 facet joint levels. Therefore, the request for multiple levels of diagnostic differential right L3-4, L4-5 and L5-S1 facet joints steroid injections is not medically necessary.