

Case Number:	CM14-0019834		
Date Assigned:	04/28/2014	Date of Injury:	09/18/1987
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 63 year old female with a reported date of injury on 09/18/1987. The progress note from 01/28/2014 list the diagnoses as facet syndrome, tendinitis/synovitis shoulder, impingement shoulder, spinal stenosis, bursitis, and degenerative disc disease. The progress note reported decreased range of motion and radiating leg pain. The progress note reported tenderness over the L3, L4-L5 facet joints bilaterally with paraspinal spasm. The straight leg raises were negative bilaterally. The progress note from 10/29/2013 reported the injured worker had participated in a water-based rehabilitation program which gave her pain relief and improved her exercise tolerance, however, when the program ended, the injured worker complained of severe low back pain. The request of authorization form was submitted on 01/29/2014 for a one time facet injection bilaterally at L3, L4, and L5 due to facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTION AT L3, L4, L5 X1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request for bilateral lumbar facet injection at L3, L4, and L5 x1 is certified. The injured worker has received water-based rehabilitation which provided relief until the program ended. The California MTUS/ACOEM guidelines state that facet injections are of questionable merit. The Official Disability Guidelines criteria for facet injections is limited to patients with low back pain that is non-radicular and no more than two levels bilaterally. The guidelines state that there is to be documentation of failure of conservative treatment (including home exercise, PT, NSAIDs) prior to the procedure for at least 4-6 weeks. The documentation provided reports tenderness over the L3, L4, and L5 facet joints bilaterally. The lumbar spine pain reproduced with extension and lateral bending. There is no evidence of radiculopathy and the injured worker has failed conservative care. Therefore, the request is medically necessary.