

Case Number:	CM14-0111552		
Date Assigned:	08/01/2014	Date of Injury:	10/06/2005
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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:

This is a 49 year old female with a 10/6/5 date of injury. The mechanism of injury was not provided. In a follow-up on 6/30/14, the patient continues to complain of axial low back pain without radicular symptoms. Objective findings are minimal but include mechanical back pain that is exacerbated with extension, rotation, and facet loading, and no motor/sensory deficits. A lumbar MRI on 6/28/10 showed a minimal broad-based disc bulge at L2-3 similar to 4/21/09. A lumbar CT on 4/28/14 showed L2-3 disc space narrowing, and facet hypertrophy most prominent at L4-5 and L5-S1. A request was made for L4-5 and L5-S1 lumbar facet injections. Diagnostic impression: lumbar facet hypertrophy. Treatment to date: epidural steroid injection (10/17/13) with complete relief of radicular symptoms. A UR decision on 7/10/14 denied the request for two-level lumbar facet injections on the basis that invasive techniques are of questionable merit per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar facet injection at the L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation California MTUS Guidelines, web-based edition, http://www.dir.ca.gov/tg/ch4_5sb1a5_5_2.html

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 Chapter.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In the present case, the patient does appear to have axial back pain without radicular symptoms. However, there is no documentation that shows evidence of prior conservative treatment such as physical therapy, medications, or home exercise. There is not enough evidence to support the procedure at this time. Therefore, the request for outpatient lumbar facet injection at the L4-L5 and L5-S1 levels is not medically necessary.