

Case Number:	CM14-0111725		
Date Assigned:	09/16/2014	Date of Injury:	05/01/1998
Decision Date:	10/21/2014	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 Physical Medicine & 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 64-year-old female who reported an injury on 05/01/1998. The mechanism of injury involved heavy lifting. The current diagnoses include lumbago, pain in a limb, and lumbosacral disc degeneration. Previous conservative treatment includes medication management and lumbar epidural steroid injections. Current medications include Ultram, Flexeril, and ibuprofen. The injured worker was evaluated on 09/03/2014 with complaints of persistent lower back pain. Physical examination revealed neck pain with spasm and trigger points, low back pain with spasm, painful facet loading maneuver, negative straight leg raise, and normal motor strength in the bilateral lower extremities. Treatment recommendations included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Thoracic)

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 Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state prior to a facet joint diagnostic block, the clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, there is no evidence of a failure of conservative treatment o include home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. The specific level at which the facet joint injection will be administered was not listed in the request. Therefore, the request is not medically appropriate.