

Case Number:	CM14-0122549		
Date Assigned:	08/06/2014	Date of Injury:	07/29/2012
Decision Date:	09/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male who reported an injury on 07/29/2012. The mechanism of injury was not provided in clinical records. He is diagnosed with low back pain, lumbar disc displacement, and lumbar radiculopathy. His previous treatments included medications, physical therapy, participation in a home exercise program, activity modifications, and epidural steroid injection. Electrodiagnostic studies performed on an unspecified date revealed evidence of left S1 radiculopathy. On 06/19/2014, the injured worker complained of low back pain with radiation into the left lower extremity. He indicated that he had mild relief from his third epidural steroid injection on 03/24/2014, but reported that his back pain was worsening and affecting his ability to perform his activities of daily living. He rated his pain 8/10 to 9/10. His physical examination revealed tenderness to palpation and spasm of the right paralumbar muscles, atrophy of the quadriceps, decreased lumbar range of motion, a positive left straight leg raise, and decreased sensation to light touch in the left lateral thigh. His medications include Neurontin and baclofen. The treatment plan included medication refills, a diagnostic lumbar facet injection at L4-5, and continued participation in a therapeutic exercise schedule. The diagnostic lumbar facet injection was recommended as his back pain was making it difficult for him to perform his activities of daily living. It was also noted that he would prefer IV sedation, as he was having a lot of pain. The Request for Authorization was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Facet Injection to include monitored anesthesia and epidurography:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Facet joint pain, signs and symptoms & Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques, including facet injections, are of questionable merit, but many pain physicians believe that diagnostic and therapeutic injections may be beneficial. More specifically, the Official Disability Guidelines state that 1 therapeutic intra-articular facet joint block may be recommended when there is no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines also state that there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. The clinical information submitted for review indicated that the injured worker reported worsening low back pain as well as radiating pain into his left lower extremity. He was also noted to have a diagnosis of radiculopathy and evidence of radiculopathy on physical examination with a positive straight leg raise and decreased sensation in the left lower extremity. The documentation also indicated that previous epidural steroid injections have provided benefit. As the guidelines state that facet joint injections are not recommended when there is evidence of radicular pain, the request is not supported. In addition, the treating provider indicated that diagnostic facet injections would be recommended. Therefore, if being recommended for diagnostic purposes, clarification is needed regarding the request for facet injection over medial branch blocks. Based on the above information, the request for L4-L5 lumbar facet injection to include monitored anesthesia and epidurography is not medically necessary.