

Case Number:	CM14-0139566		
Date Assigned:	09/05/2014	Date of Injury:	05/16/2012
Decision Date:	12/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 45-year-old male who reported an injury on 05/16/2012. The mechanism of injury was not provided. His diagnosis was noted to as sprain of the lumbar region. His past treatments were noted to include an unspecified number of physical therapy sessions and epidural steroid injections, though it was not clear as to which levels. On 06/11/2012, an MRI of the lumbar spine was performed which was noted to reveal no neural foraminal stenosis. On 06/26/2012, the patient was noted to have prolonged issues of his low back and lower extremity symptoms. Upon physical examination, it was noted the injured worker had tenderness upon palpation to the lower lumbar spine area and paravertebral area, specifically on the left side. His medications were noted to include Tramadol, Terocin patches, and Relafen. The treatment plan was noted to include facet injections. A request was recommended for bilateral L4-S1 facet injections without a rationale. The Request for Authorization was signed 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 to S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 300. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure Summary 1st updated 07/03/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The request for bilateral L4-S1 facet injections is not medically necessary. According to the Official Disability Guidelines, the criteria for use for facet injections are that no more than 1 block is recommended; no evidence of radicular pain, spinal stenosis, or previous fusion; no more than 2 levels to be injected at one time; and documentation of a planned course of treatment for activity and exercise. The clinical documentation noted that the injured worker had pain to his low back and suggests radiating to his lower extremities. The documentation also notes that he benefited greatly from epidural steroid injections which are given in the presence of radiating pain. Additionally, there was no formal plan in the clinical documentation submitted for review regarding a projected exercise and activity course in conjunction with facet joint injection therapy. As the clinical documentation suggests radiating pain of his low back and as there is an absence of a formal plan of therapy in addition to the injections, the request is not supported by the evidence based guidelines. As such, the request for bilateral L4-S1 facet injection is not medically necessary.