

Case Number:	CM14-0151729		
Date Assigned:	09/19/2014	Date of Injury:	06/08/2006
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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:

This is a patient of the date of injury of June 8, 2006. A utilization review determination dated September 5, 2014 recommends non certification of lumbar facet injections at L3-L4. A note dated August 25, 2014 includes subjective complaints of more severe back pain. Objective examination findings reveal positive pain with percussion along the L3-L4 region with positive facet loading. The note goes on to state "neurological function lower extremities is unchanged." The diagnosis is facet arthrosis at L3-4. The treatment plan recommends a facet injection to treat the patient's mechanical low back pain. A note dated July 14, 2014 states that the patient has had improvement and resolution of radicular symptoms since an epidural steroid injection. An office visit dated September 6, 2011 indicates that the patient had an interbody stabilization at t10-t11. An mri of the lumbar spine dated march 11, 2010 indicates that L3-4 through L4-5 there is magnetic susceptibility artifact from pedicle fixation screws.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection at L3-L4 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Official Disability Guidelines (ODG) guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are objective physical examination findings supporting a diagnosis of facet arthropathy. however, an MRI report from 2011 seems to indicate that the patient has had a lumbar fusion at that level. Guideline specifically recommend against performing facet injections at previously fused levels. Additionally, it is unclear what conservative treatment has been attempted to address the possible facetogenic pain at the requested level. in the absence of clarity regarding those issues, the currently requested facet injection L3-L4 is not medically necessary.