MAXIMUS Federal Services

Case Number:	CM14-0153821		
Date Assigned:	09/23/2014	Date of Injury:	05/24/2001
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 31-year old female with a 5/24/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/5/14 noted subjective complaints of lower back and right leg pain. Objective findings included mild lumbar facet tenderness. Motor strength is diminished for right knee flexion and extension, and right foot dorsiflexion and plantar flexion. Sensation is diminished in right L5/S1 dermatomes. MRI lumbar spine 9/8/14 showed mild foraminal narrowing at L4-S1. Electrodiagnostic 3/11/2013 showed L5/S1 radiculopathies. Diagnostic Impression: lumbar radiculopathy, lumbar disc displacementTreatment to Date: physical therapy, chiropractic, medication management, lumbar ESIA UR decision dated 9/9/14 denied the request for lumbar facet injection using fluoroscopy or ultrasonic, bilateral L4, L5, S1. The medical reports do not establish objective and subjective physical exam findings that are consistent with facet mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection using fluoroscopy or ultrasonic, bilateral L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter

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. However, in the documents available for review, the patient has objective evidence of radicular pain by both physical exam as well as Electrodiagnostic studies. Additionally, there is no clear documentation of failure of conservative treatment such as physical therapy. Therefore, the request for lumbar facet injection using fluoroscopy or ultrasonic, bilateral L4, L5, S1 was not medically necessary.