

Case Number:	CM14-0155055		
Date Assigned:	09/25/2014	Date of Injury:	06/27/2012
Decision Date:	12/09/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 62-year-old male with a date of injury of 6/27/2012. The mechanism of injury was a slip and fall that resulted in a low back injury. He has previously been treated with physical therapy, chiropractic care, acupuncture, and medications. He has also had a prior 1/30/2013 right L5-S1 translaminal and transforaminal epidural steroid injection with a piriformis injection. Following the injection the patient had a flare up of his pain and it was initially feared that infection might have been introduced into the joint space. He was placed on a course of antibiotics, and an MRI was performed, which showed some flare up around the conus, which was thought to indicate inflammation. No epidural abscess or hematoma was seen. Eventually his pain returned to his baseline. Now, a right lumbar facet joint injection to L4-L5 and L5 and S1 has been requested. A utilization review physician did not certify a request for a right lumbar facet joint injection to L4-L5 and L5 and S1. The purpose of these injections is in part said to be diagnostic, and documentation states that the patient may be a candidate for radiofrequency ablation if successful. The patient was also previously approved for this very procedure, but it was not performed since at that time his pain had improved. A copy of the utilization review physician's determination note was not provided. Why this injection was not approved is not known. An Independent medical review has now been requested regarding this disputed service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet joint injection to L4-L5 and L5 and S1: Overturned

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 Complaints Page(s): 30, 358. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Low Back Pain chapter.

Decision rationale: California MTUS Guidelines give very little guidance on lumbar facet joint injections. These guidelines only state that, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Likewise, the ODG guidelines were examined. These guidelines state that facet joint injections are recommended as no more than 1 set of diagnostic blocks prior to a facet neurotomy, if neurotomy is chosen as a treatment option. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should also be a documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. Regarding this patient's case, the requested right lumbar facet joint injection to L4-L5 and L5 and S1 is being performed with diagnostic intent. A radiofrequency ablation procedure is planned if the injection is successful. Face joint pain is clinically suspected. These injections are only planned to be performed at two levels. This patient has failed conservative therapy, including physical therapy, home exercise, chiropractic therapy, acupuncture, and NSAIDS. This patient's case meets ODG criteria for approval. Likewise, this request for a right lumbar facet joint injection to L4-L5 and L5 and S1 is medically necessary.