MAXIMUS Federal Services

Case Number:	CM14-0155877		
Date Assigned:	09/25/2014	Date of Injury:	12/01/2004
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine 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:

According to the provided documents, this is a 49-year-old man was injured on 12/1/04 in a motor vehicle accident. The submitted documents indicate this patient has had extensive treatment to multiple body parts and has seen multiple specialists including psychiatry/psychology, cardiology, internal medicine/gastroenterology, pain management. He has had multiple different medications. There has been extensive and ongoing treatment for several years. Records indicate spinal decompression L4-5 and L5-S1 2005-2006. The disputed treatment is bilateral facet injections L2-3, L3-4, L 5-S1. These were not approved in a determination letter of 9/15/14. There is an 8/11/14 report from the requesting physician that indicates patient is complaining of neck pain, right arm pain, shoulder pain with numbness to the elbow. There are severe headaches, muscle spand (sic) between the shoulder blades. It is hard to improve his arm, fight pain with numbness left leg radiating to the big toe in knee. There is tingling to the skull plus many other problems. In the exam relating to the lower back indicates there is reduced range of motion with pain worsening. Palpation is pain on the right, spinal palpation. The diagnosis was brachial neuritis or radiculitis. (Note is made that this is not a diagnosis relating to the lumbosacral region.) The patient was given multiple medications. The report states that other than medication refills, there have been previous request for treatment via RFA's which have been denied and the patient would like them resubmitted. This report includes lists of treatment plans from previous reports and looking back through 8/12/13 this reviewer does not find any notation of a request for facet injections. There is no mention of whether or not these were to be diagnostic or therapeutic. There has been mention of passive physical therapy but no mention of any current participation in any type of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injections L2-3, L3-4, L5-S1 #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar facet injections, diagnostic and facet joint injections, therapeutic.

Decision rationale: In this patient's physical examination, there are no documented provocative maneuvers suggesting that there is facet joint pain. ACOEM guidelines indicate that invasive techniques such as facet joint injections are questionable merit. MTUS chronic pain guidelines do not address lumbar facet joint injections. ODG guidelines state regarding therapeutic injections that these are under study and the current evidence is conflicting. For diagnostic facet joint injections when there is facet mediated pain ODG indicates that the clinical presentation should be consistent with facet joint pain, signs and symptoms, which not present here. They should be limited to patients with lowback pain that is nonradicular and should not be done at more than 2 levels bilaterally. There is documentation that indicates this patient does have radicular pain in the low back. Therefore, based upon the evidence and the guidelines, this request for facet injections in the lumbar spine is not medically necessary.