

Case Number:	CM14-0167325		
Date Assigned:	10/14/2014	Date of Injury:	08/06/1996
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal 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:

The injured worker is a 53-year-old man with a date of injury of August 6, 1996. The mechanism of injury is not documented in this medical record. According to the documentation submitted, the IW is being treated for facet arthrosis. He was last evaluated on September 22, 2014. Subjectively, the IW reported periodic flare-ups of back pain, and leg pain, radicular in nature. He rated his pain 4-5/10. The IW has undergone surgical intervention, along with epidural injections for pain management. The IW is status-post lumbar reconstruction secondary to his industrial injury in 1998-1999, with hardware removal in 2002 and a medial branch block on April 15, 2010. The IW is pleased with his progress. He now has neck pain secondary to an MVA. Upper extremity motor strength is 5/5 for all muscle groups except triceps, which is 4/5. The sensory exam with diffuse changes in the C6-C7 dermatome. Lower extremity strength is 4/5 tibialis anterior with sensory changes in L4-L5 dermatome. Plan: MRI of the cervical spine completed July 12, 2014 demonstrated disc bulge at C6-C7, with what appears to be a posterior facet cysts at the respective level, resulting in stenosis. It is the opinion of the treating physician that the IW would benefit from a cervical epidural injection, and a lumbar epidural injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 pain; Facet Joint Injections

Decision rationale: Pursuant to the Official Disability Guidelines the facet joint injection is not medically necessary. The guidelines set forth the criteria for facet joint injections. The clinical presentation of the injured worker should be consistent with facet joint pain, signs and symptoms. Facet joint injections should be limited to patients with low back pain that is non-radicular nature. Additionally there should be a failure of conservative treatment. This includes home exercises, physical therapy and nonsteroidal anti-inflammatories. In this case, the injured worker has had periodic flare-ups of back pain with periodic leg pain. Further review of the medical record shows the leg pain to be radicular nature. Additionally, conservative measures have failed at treating the ongoing pain associated with this injured worker's condition because there are no recent orders for recent physical therapy, home exercises or nonsteroidal anti-inflammatory medications. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, the facet joint injection is not medically necessary.