

Case Number:	CM14-0167535		
Date Assigned:	10/14/2014	Date of Injury:	04/01/2008
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
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 Occupational Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 52 year old female who sustained an industrially related injury on April 1 2008 involving her lower back, bilateral lower extremities and right upper extremity. She has ongoing complaint of lumbar pain with extension and side bending, and radiculopathy on the right. Additionally she complains of right shoulder and bilateral knee pain. Physical examination completed on 8/20/14 demonstrated reduced right knee range of motion and assisted/antalgic gait. She is noted to have received ESI in June of 2014 with a report of 1-2% subjective improvement post. She is currently participating in physical therapy and receiving opioids for pain control. She also has a history of acupuncture but the available records do not document the results of this treatment. She is status post cervical fusion (not related to industrial injury) in 2008 and is knee meniscal repair July 2014. An MRI done in November of 2008 is reported as finding L5-S1 disc herniation and L4-5 disc bulge. There is a current request for lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection L4-5 and L5-S1: 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): 287-315. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: MD Guidelines state: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. Repeated diagnostic injections in the same location(s) are not recommended." Additionally, "Diagnostic facet joint injections are not recommended for treatment of acute or subacute low back pain or radicular pain syndromes." ACOEM Guidelines also report "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The available records do not provided an indication of the degree of exacerbation experienced in the low back secondary to extension or rotation or if other modalities (pain meds, PT) have demonstrated any effect. Further; what documentation is available describes radicular pain which is not a recommended indication for facet injections. It should be noted that the available records provide only minimal information regarding this individuals lower back findings. As such the request for Lumbar facet injection L4-5 and L5-S1 is deemed not medically necessary.