

Case Number:	CM14-0183891		
Date Assigned:	11/10/2014	Date of Injury:	06/26/2012
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 injured worker is a 33-year-old female who reported an injury on 06/26/2012. The mechanism of injury was a fall. She is diagnosed with sprain/strain of the lumbar region. Her past treatments included medications and physical therapy. Her diagnostic studies included an MRI of the lumbar spine performed on 02/13/2014, which revealed disc desiccation at L4-5 and L5-S1; additionally noted no disc bulge, protrusion or spinal stenosis noted. No pertinent surgical history was noted. On 10/28/2014, the injured worker reported chronic low back pain. Upon physical examination of her lumbar spine, she was noted to have pain with extension of the back and facet loading along with spasm and guarding noted of her lumbar spine. Her current medications include Diclofenac Sodium 1.5% apply 3 times a day, Cyclobenzaprine 7.5 mg every 8 hours and Hydrocodone 5/325 mg as needed for pain. The treatment plan included a semi quantitative urine drug screen, a follow-up appointment for her ankle pain, a request for a facet injection, a request for initial evaluation for Functional Restoration Program and a follow-up visit in 4 weeks. A request was submitted for right lumbar facet joint injection at L4-5 and L5-S1 with fluoroscopic guidance and IV sedation; however, the rationale was not submitted. A Request for Authorization was submitted on 10/28/2014.

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 at L4-5 and L5-S1 with Fluoroscopic Guidance and IV Sedation: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, Facet injections

Decision rationale: The request for right lumbar facet joint injection at L4-5 and L5-S1 with fluoroscopic guidance and IV sedation is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques such as facet injections are of questionable merit; however, pain physicians believe that diagnostic and/or therapeutic injections may have benefits. More specifically, the Official Disability Guidelines state that therapeutic facet joint blocks can be used with other evidence based conservative care such as a home exercise and/or physical therapy to facilitate functional improvement. The guidelines also suggest indicators of pain related facet joint pathology, which are tenderness to palpation in paravertebral areas, a normal sensory examination, absence of radicular findings and normal straight leg raise exam. The injured worker was noted to have pain with extension of the back and facet loading. However, she was noted to have radiating pain. There was no evidence provided that the straight leg exam was performed and no indication that the patient had normal sensory exam. Additionally, there was mention of an unofficial MRI of the lumbar spine, however, the documentation of the independent evaluation of the MRI of the lumbar spine was not provided. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.