

Case Number:	CM14-0192219		
Date Assigned:	11/25/2014	Date of Injury:	08/11/2010
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Pursuant to the Follow-Up Pain Management Evaluation Report and Request for Authorization dated July 22, 2014, the IW (injured worker) complained of pain in the lumbar spine. The IW had known lumbar facet arthropathy, which previously responded significantly to radiofrequency ablation treatment, which provided 60 to 70% relief of his back pain for a period of 7 to 8 months. The IW reports a recent flare-up of his condition. The IW also complains of left shoulder pain that persists. He underwent left shoulder surgery (date unknown), but still remains symptomatic and has been undergoing further imaging studies. The IW reports that he relies on medications, although the IW also reports GI irritation with oral pain medications. The current medications were not documented in the medical record. The provider reports that he will place the IW on Ultram ER 150mg, Soma 350mg, and Prilosec 20mg. On examination of the lumbar spine, there was moderate to severe tenderness over the paraspinal muscles and gluteus. There was focal tenderness over the lumbar facet joints more so at L4, L5, and S1. The IW had 60 to 70 percent lumbar flexion and about 30 to 40 percent lumbar extension and lateral bending. The motor and sensory examination of the bilateral lower extremities was grossly intact. Patrick's test was positive. The IW had positive straight leg raise test bilaterally in the sitting position. The IW was diagnosed with bilateral shoulder sprain/strain; left shoulder impingement syndrome; L4-L5 and L5-S1 lumbar facet arthropathy; lumbar spondylosis; and sacroiliac joint syndrome. The provider is requesting authorization for left and right lumbar facet injection at L4-L5 to L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection, Left L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks (injections), and ODG Facet joint pain, signs and symptoms

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Facet Joint Injections

Decision rationale: The ODG guidelines enumerate criteria for the use of diagnostic blocks for facet mediated pain. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The criteria include, but are not limited to, patients with low back pain that is non-radicular and no more than two levels bilaterally, there is documentation of failure of conservative treatment including home exercise, physical therapy and nonsteroidal anti-inflammatory drugs, no more than two facet joint levels are injected in one session, etc. See guidelines for additional details. In this case, the injured worker is 53 years old and the date of injury August 11, 2010. The injured worker received lumbar facet radiofrequency neurotomy 60 to 70% pain relief for 7 to 8 months. The injured worker has been having a recent flare up. The medical records do not contain clinical documentation of conservative treatment measures including home exercise, physical therapy and nonsteroidal anti-inflammatory drugs. Additionally, there is no indication whether the injured worker is taking opiates. Consequently, absent the appropriate documentation, lumbar facet injections left L4 - L5 and L5 S1 are not medically necessary.

Lumbar Facet Injection, Right L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks (injections), and ODG Facet joint pain, signs and symptoms

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Facet Joint Injections

Decision rationale: The ACOEM states invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The ODG guidelines enumerate criteria for the use of diagnostic blocks for facet mediated pain. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The criteria include, but are not limited to, patients with low back pain that is non-radicular and no more than two levels bilaterally, there is documentation of failure of conservative treatment including home exercise, physical therapy and nonsteroidal anti-inflammatory drugs, no more than two facet joint levels are injected in one session, etc. See guidelines for additional details. In this case, the injured worker is 53 years old and the date of injury August 11, 2010. The injured worker received lumbar facet radiofrequency neurotomy 60 to 70% pain relief for 7 to 8 months. The injured worker has been having a recent flare up. The medical records do not contain clinical documentation of conservative treatment

measures including home exercise, physical therapy and nonsteroidal anti-inflammatory drugs. Additionally, there is no indication whether the injured worker is taking opiates. Consequently, absent the appropriate documentation, lumbar facet injections right L4 - L5 and L5 S1 are not medically necessary.