

Case Number:	CM14-0021799		
Date Assigned:	05/05/2014	Date of Injury:	11/12/1997
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 44-year-old female with a reported date of injury on 11/12/1997. The mechanism of injury was not included with the documentation available for review. The injured worker complained of low back pain and bilateral knee pain. According to the clinical note dated 02/06/2014, the injured worker's range of motion demonstrated lumbar flexion to 90 degrees and extension to 5 degrees. The injured worker had positive bilateral facet loading and tenderness over lower lumbar facets. According to the documentation available for review, the injured worker completed an unknown number of physical therapy and acupuncture treatments since the date of injury. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy, and lumbago. The injured worker's medication regimen included Flexeril, Restoril, and topical Menthoderm. In addition, the physician reported that the injured worker underwent psychological testing; the results were not available for review. The Request for Authorization of 1 bilateral L4-5 and L5-S1 intra-articular facet joint injection was submitted on 02/20/2014. The physician noted that the injured worker had mediated pain with facet loading, tenderness, and pain on extension. In addition the requesting physician stated the only reason the injured worker had not proceeded with this sooner is due to fear of proceeding with the injection. The physician notes that the injured worker is now confident in proceeding, thus the request for bilateral L3, L4, and L5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL L4-L5 AND L5-S1 INTRA-ARTICULAR FACET INJECTION:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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, Facet Joint Intra-articular injections (therapeutic blocks).

Decision rationale: According to the CA MTUS/ACOEM Guidelines, facet joint injections are not recommended for the treatment of low back disorders. 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 injured worker's date of injury was 1997, which puts her outside the realm of acute phase of injury. According to the Official Disability Guidelines, facet joint intra-articular injections are under study. If a therapeutic facet joint block is undertaken, it is suggested that it be used in addition with other evidence based conservative care. According to the documentation available for review, the injured worker does have positive bilateral facet loading and tenderness over the lumbar facets. There is a lack of documentation regarding physical therapy or conservative treatments that would be utilized in conjunction with the facet injections. Therefore, the request for one bilateral L4-L5 and L5-S1 intra-articular facet injection is not medically necessary.