

Case Number:	CM14-0030980		
Date Assigned:	06/20/2014	Date of Injury:	11/15/1996
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 62 year old male who reported an injury on 01/15/1996. The injured worker had a history of chronic neck and lower back pain with a diagnosis of lower back pain and cervical spondylosis. The MRI of the lumbar spine dated 03/29/2013 revealed osteophyte complex at the L1-2 level indenting the anterior aspect of the thecal sac along with hypertrophic changes at the L2-3, L3-4 levels of the facet joints. The clinical note dated 02/27/2014 of the lumbar spine revealed normal gait, noted pain with range of motion, no tenderness to palpation at the lumbar paraspinous muscles, however tenderness over the spinous process at the L-1 region. Motor exam revealed strength a 5/5 to the bilateral lower extremities, and normal sensation to the bilateral lower extremities. The injured worker reported his pain as 7/10 current and an average of 8/10 using the VAS scale. The medication included Norco and Percocet. The past treatment included physical therapy, acupuncture, massage therapy, chiropractic, ice, heat. The treatment plan included a lumbar facet joint injection under the fluoroscopic guidance at the L1, L2, and L3 bilaterally. The request for authorization dated 01/16/2014 was submitted with documentation. The rationale for the lumbar facet joint injections was due to increased back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injections under fluoroscopic guidance for diagnostic and therapeutic purposes Lumbar one-two-three (L1-2-3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG) (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-301.

Decision rationale: The ACOEM Guidelines state facet injections are of questionable merit. Per the clinical notes submitted, the injured worker had some pain with range of motion, however the objective findings did not indicate that medical necessity was evident for a facet joint injection. As such, the request is not medically necessary and appropriate.