

Case Number:	CM14-0033311		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2009
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 06/04/2009. The mechanism of injury was reported as a slip and fall. The diagnoses included lumbosacral radiculopathy. Prior therapies included physical therapy and chiropractic care. Per the 01/08/2014 evaluation report, the injured worker reported radiating low back pain rated 8/10 with numbness and tingling in the right foot. Examination of the back noted lumbosacral paraspinal muscle spasms with tender areas over the right lower lumbosacral facet joints and the sacroiliac joint. Flexion and extension were noted to be about 20% to 30%. The injured worker demonstrated intact sensation and deep tendon reflexes with mildly decreased muscle strength in the right lower extremity. Per the 02/12/2014 follow-up report, the injured worker reported 9/10 pain in the low back, right leg, and mid back. Objective findings included intact sensation and motor strength with 1+ deep tendon reflexes in the lower extremities bilaterally. It was noted an EMG was positive for right L5 radiculopathy. The provider recommended a right L4-5 and L5-S1 facet joint injection based on the injured worker's positive subjective complaints and objective findings. The request for authorization form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 facet joint injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for right L4-5 and L5-S1 facet joint injection under fluoroscopy at [REDACTED] is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques (such as facet joint injections) are of questionable merit. The Official Disability Guidelines further state, facet joint diagnostic blocks should be limited to injured workers with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The medical records provided indicate the injured worker was experiencing radiating low back pain with decreased deep tendon reflexes and positive EMG findings for right L5 radiculopathy. The guidelines only recommend the use of facet joint injections for non-radicular pain. The injured worker's subjective complaints and objective findings support a diagnosis of radiculopathy. In addition, there is no indication of the failure of conservative measures for at least 4 to 6 weeks prior to the procedure. Based on this information, the request is not supported. As such, the request is not medically necessary.