MAXIMUS Federal Services

Case Number:	CM14-0033355		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2012
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
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 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:

The injured worker is a 33 year old male who reported on 12/04/2012 due to operating a roto-jack on a ladder and straining his back. The injured worker saw the physician on 01/28/2014 complaining of back pain of an unknown level. The physician reviewed the results of a lumbar MRI taken 02/26/2013 noting a disc spur complex at L5-S1 with sub-articular gutter crowding but no direct impingement and facet hypertrophy at L4-L5 with some thickening at L3-4 and L5-s1. The physician diagnosed the injured worker with lumbago; sciatica; and arthroplasty, unspecified, other specific sites. The physician discontinued over the counter oral anti-inflammatory medications and started the injured worker on Tizanidine, Norco and Vimovo. A request for authorization form for bilateral lumbar facet injections at L4-S1, lumbar spine was signed and dated on 02/25/2014 and submitted for review. A rationale for the request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Injections At L4-S1, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Injections.

Decision rationale: The request for bilateral lumbar facet injections at L4-S1, lumbar spine is non-certified. CA MTUS/ACOEM guidelines for low back complaints state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. ODG guidelines for low back pain further differentiates with criteria for facet joint injections, multiple series and facet joint injections, diagnostic blocks in that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The physician has not indicated a future modality involving a neurotomy. The ODG facet joint injection guidelines for facet joint injections, multiple series will recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Again, the physician's care plan does not mention a neurotomy as part of a future treatment plan; the intention of the injections were to anticipate alleviating pain to the affected site. As such, the request is not medically necessary.