

Case Number:	CM14-0035105		
Date Assigned:	06/23/2014	Date of Injury:	08/27/2011
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 60-year-old man who sustained a work-related injury on August 27, 2011. He subsequently developed chronic low back and neck pain for which he is being treated with medications (Norco, Colace, Cialis, and Amitriptyline), physical therapy, Chiropractic, electrical stimulation, and exercise regimen. The patient has trialed use of an H-wave unit and was surveyed after 9 days of use on August 14, 2013. It was noted that unit has helped more than prior treatments. According to the medical report of February 13, 2014 the patient's relevant objective findings included tenderness of left paravertebral area and left facet joints near the lumbosacral junction, diminished range of motion with flexion and extension increasing pain. His neurological examination was not focal. The patient underwent a left L3-S1 laminectomy and partial facetectomy on November 2, 2012 with previous multilevel foraminal stenosis and left sided foraminal disk L3-4. He was diagnosed with post left laminectomy syndrome and chronic neck pain. X-rays showed degenerative changes in the lower cervical spine, but otherwise, normal. The provider requested authorization for Lumbar Facet Diagnostic Evaluation at L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Diagnostic Evaluation at L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar&Thoracic (Acute&Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).

Decision rationale: According to the MTUS guidelines, 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. 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 ODG guidelines did not support facet injection for lumbar pain in this clinical context. There is no clear evidence or documentation that lumbar facets are main pain generator. There is no clear evidence that the patient failed conservative therapies. In addition, the provider requested facet injection over multiple levels at one time, which is not recommended by the ODG guidelines. Therefore, the request for Lumbar Facet Diagnostic Evaluation at L3-5 is not medically necessary.