

Case Number:	CM14-0040177		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2001
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/05/2014

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 Occupational Medicine 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:

This is a 53-year-old female with a 3/1/01 date of injury. The mechanism of injury was not noted. According to a 2/6/14 progress note, the patient complained of low back pain that radiated down the anterior part of the legs into his feet. He stated that his pain was better controlled. He has been going to the gym and doing the exercises he was taught previously in physical therapy. His medications are helping maintain his pain. Objective findings: the patient presented with fairly good control of pain until he is walking/standing or sitting for a prolonged period of time, +crepitus on ROM noted with decreased ROM of lumbar spine, c/w spondylosis, no new neurological deficits. Treatment to date: medication management, activity modification, physical therapy, surgery A UR decision dated 3/18/14 denied the request for lumbar facet joint injection. There is no indication on examination that the claimant has facet related pain as facet joints were not tested or documented on exam. Also, CT scan showed the claimant has had a previous fusion and subjectively he is complaining of radicular pain, which is a contraindication per guidelines for injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Lumbar Facet Joint Injection at L3/ L: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In several of the reports reviewed, the patient described his pain as radiating and associated with numbness and tingling. Guidelines do not support the use of facet injections in the presence of radicular pain. In addition, it is documented in a 2/6/14 progress note that the patient's pain is improving from his home exercise program and medications. A specific rationale identifying why a lumbar facet injection would be required in this patient despite lack of guideline support was not provided. Therefore, the request for One Right Lumbar Facet Joint Injection at L3/ L was not medically necessary.