

Case Number:	CM14-0046095		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2010
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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:

The claimant is a 51-year-old female with a date of injury of 3/29/10 in which the mechanism of injury occurred when she was lifting a patient. According to a 3/13/14 progress report, the patient continued to struggle with increased pain in her back, pain extending to the left hip and down the left leg. The pain is constant but aggravated with moving. She would get a shooting pain extending from the left lower back, buttock and sometimes down to the knee. The objective findings are pain in the lumbosacral area extending over to the left side and tenderness through the left buttock. While with extension and rotation to the left, it greatly reproduces discomfort in the left L4-5 and L5-S1 area. The maneuver to the right is better tolerated however the seated straight-leg raise is negative and sciatic notches are nontender. A MRI report dated 1/2/14 revealed significant facet arthropathy noted at every level, worse at the lower lumbar levels. There is foraminal narrowing of L3-4, significant at L4-5, L5-S1 and also at L5-S1 with disk degeneration, disk bulging at the L4-5 and L5-S1 levels. Treatment to date: medication management, activity modification and a transcutaneous electrical nerve stimulation (TENS) unit. A UR decision dated 3/31/14 denied the request for lumbar facet joint injection at the left L4-L5 and L5-S1 under fluoroscopic guidance. There was no documented pain relief of at least 50-70 percent for at least six weeks from the last facet joint injection. Moreover, clinical records submitted do not indicate any suggestion of subsequent neurotomy after injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar facet joint injection at the left L4-L5 and L5-S1 under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation Online Edition, Chapter: Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.23.5 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. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). It is documented that the patient has had facet injections in 2010 and done well. However, there is no documentation of how much relief or the duration of pain relief the patient experienced from the prior facet injection. In addition, there is no documentation of failed conservative therapy. Therefore, the request for 1 Lumbar facet joint injection at the left L4-L5 and L5-S1 under fluoroscopic guidance is not medically necessary.