

Case Number:	CM14-0052971		
Date Assigned:	07/07/2014	Date of Injury:	02/13/2009
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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 33-year-old female with a date of injury on 2/13/2009. Diagnoses include lumbar sprain, lumbosacral neuritis, myofascial pain, and lumbar facet syndrome. Subjective complaints are of ongoing pain in the low back. Physical exam shows lumbar decreased range of motion, and tense and tender paravertebral muscles. Physical exam does not include specifics of lower extremity motor or neurological exam. Prior treatment has included chiropractic care, medications, light duty, and psychotherapy. Medications include Naproxen, Tramadol, Amitriptyline, Omeprazole, and Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Criteria for facet joint pain are tenderness to palpation in the paravertebral areas (over the facet region); a normal sensory examination; absence of radicular findings, although pain may radiate below the knee; and a normal straight leg raising exam. Injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there should be documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. For this patient, documentation does not provide pertinent physical exam findings that are consistent with facet-mediated pain. Furthermore, the request as written does not identify the facet levels to be injected. Therefore, the medical necessity of a lumbar facet injection is not established at this time.