

Case Number:	CM14-0053197		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2000
Decision Date:	08/29/2014	UR Denial Date:	04/12/2014
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 Anesthesiology, has a subspecialty in Pain 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 patient is a 51-year-old with a December 23, 2000 date of injury, pulled his lower back when lifting bread trays. Report dated February 18, 2014 states that the patient is getting worse with poor forward bending posture. Physical exam reveals tenderness over L4-5 and L5-S1 and positive facet joint maneuver. Report dated 03/04/14 describes severe back pain rated 10/10. Physical examination reveals positive straight leg raise test cause radiating buttock pain. Doses include chronic pain syndrome, chronic back pain, chronic statica. MRI report dated October 31, 2011, deemed too old by the requesting physician, states apparent 1 cm right frontal and far lateral disk extrusion noted at L4-5 level, which appears to encroach upon the exiting right L4 nerve root. Current medications include Ibuprofen, Norco, Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection paravertebral F joint, lumbar spine, three levels: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12),

page 300, as well as the Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for medial branch injections include documentation of low-back pain that is non-radicular, failure of conservative treatment prior to the procedure for at least four to six 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. The prior adverse determinations were reviewed given the lack of clinical evidence of facet mediated pain and that the guidelines do not support epidurals and facet joint therapy concurrently. In the context of this request, review of the notes over time describes severe back pain with radiation into the buttocks. The patient is neurologically intact. There was intermittent mention of a positive straight leg raise however there is tenderness over the elements at L4-5 and L5-S1, positive facet loading maneuvers, and it is noted in the records that the patient had a prior intra-articular facet block that provided immediate pain relief, that the patient returned to work, and that he returned to work without restriction. It is not recommended that the epidural and medial branch blocks be performed at the same time as the diagnostic value is lost. However with regards to medical necessity, the guidelines criteria have been met. Therefore, the request for Injection paravertebral F joint, lumbar spine, three levels, is medically necessary and appropriate.