

Case Number:	CM14-0062878		
Date Assigned:	07/11/2014	Date of Injury:	11/28/2012
Decision Date:	09/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 male with an 11/28/12 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 3/5/14 noted subjective complaints of lower back pain, rated at 7/10 and described as burning. Objective findings included lumbar spinal tenderness, paraspinal tenderness, and lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. The patient's prescription medication was noted to be Norflex and Norco. A lumbar MRI report dated 2/4/14 was reviewed. At L4/L5, a 3.3 mm disc protrusion effaces the thecal sac and combined with facet arthrosis narrows the lateral recesses resulting in effacement of the transiting nerve roots. Facet arthrosis was also noted, moderate at L5/S1, mild at L4/L5. Diagnostic Impression: Lumbar arthropathy, chronic lumbosacral strain, and lumbar degenerative disc disease. Treatment to date, chiropractic therapy, medication management, and biofeedback. A UR decision dated 4/16/14 denied the request for Lumbar Facet Injection on the bilateral L4-L5 and L5-S1 Qty 4. The ODG states that there must be documentation of failure of conservative treatment (including home exercise, PT, NSAIDs) prior to this procedure for at least 4-6 weeks. There was no documentation of PT or failed attempts at conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection on the bilateral L4-L5 and L5-S1 QTY: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Integrated Treatment/Disability Duration Guidelines, Facet Joint Diagnostic blocks (injections) - Low Back Chapter.

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 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. Subjective and objective findings are indeed suggestive of facet arthropathy in this patient. However, in review of the medical records provided for review, there is no documentation of the number and time course of prior physical therapy, if any, for this patient. Conservative therapy cannot be deemed as failed for this patient therefore, the request for Lumbar Facet Injection on the bilateral L4-L5 and L5-S1, Qty 4 is not medically necessary.