

Case Number:	CM14-0063771		
Date Assigned:	07/11/2014	Date of Injury:	08/08/2010
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old female who reported an injury on 08/08/2010 from an unspecified mechanism. The injured worker had a history of lumbar pain, right leg pain, and right thigh pain. The diagnoses included a compression of the thecal sac with encroachment at L3-4, degenerative lumbar disc disease, radiculopathy of the lumbar spine, sprain/strain of the right hip, and a disc bulge at L3-4. Past procedures included a lumbar facet joint injection at L3-4, L4-5, and L5-S1 bilaterally. The epidural steroid injection at the L3-4 on 12/03/2013 is with unknown results. The objective findings per clinical note dated 01/15/2014 of the lumbar spine, revealed flexion of 45/90 degrees, extension of 10/25 degrees, and a right and left lateral flexion of 20/25 degrees, non-antalgic gait, mildly positive paraspinal tenderness to percussion, and positive toe and heel walk. Past treatments included acupuncture, with unknown results. The injured worker reported her pain as 7/10 using the Visual Analog Scale (VAS). There were no current medications noted. MRI of unknown date revealed a bulging disc at the L3-4, compression of the thecal sac at L3-4 and positive for degenerative disc disease with no levels given. The treatment plan included authorization for the facet blocks and patient's next visit which would be in 6 weeks. The Request for Authorization dated 06/11/2014 was submitted within the documentation. The rationale for the lumbar facet joint injection was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection Bilateral L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 298-301.

Decision rationale: The request for a lumbar facet joint injection bilaterally at L3-4, L4-5, and L5-S1 is not medically necessary. The California MTUS/ACOEM indicates that facet joint injections are an invasive technique and are of questionable merit. The injections are invasive and may be painful to the injured worker. The facet joint injections are not generally accepted or widely used. Per the documentation, the injured worker had an epidural steroid injection with good results however no actual percentage was given. The documentation also indicated the injured worker is to continue their home program. The documentation also indicated that the injured worker had failed the conservative treatment; however, no supportive documentation was provided. The documentation also stated the injured worker was getting a lumbar spine brace; however, no results were documented. The documentation also indicated that the injured worker complaints were for right side pain. The MRI noted that the facet joint arthropathy was only mild. No more than two levels should be blocked at one time. The current request indicates more than two levels be blocked. As such, the request is not medically necessary.