

Case Number:	CM14-0068611		
Date Assigned:	07/14/2014	Date of Injury:	04/05/2012
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 60-year-old female who reported injury on 04/05/2012, for an unspecified cause of injury. The injured worker had a history of lower back pain, with a diagnosis of lumbar facet syndrome, lumbar radiculopathy, and lower back pain. The MRI dated 07/16/2012 revealed a bilateral facet joint fusion at the L4 and L5 and severe facet and ligament hypertrophy with bilateral facet joint infusions at the L5/S1. The past treatment included a facet joint aspiration injection dated 01/31/2014 at the L4-L5 and the L5-S1 on the left. The objective findings dated 05/07/2014 of the lumbar spine revealed loss of lordosis with straightening of the lumbar spine, restricted range of motion with flexion of 35 degrees, and extension of 5 degrees. On palpation tenderness was noted to the paravertebral muscles, spasms, tight muscle bed and trigger points on the left. The lumbar facet loading positive on the left side, straight leg raising test was negative, Babinski's sign is negative. Tenderness was noted over the sacroiliac spine, trigger point with radiating pain and twist response on palpation at the lumbar paraspinal muscles bilaterally. The medications included, Norco 10/325 mg, Flector 1.3% and gabapentin 300 mg, with a rate of pain 6/10 with medication and a 2/10 with no medication. The treatment plan included an MRI, and a repeat facet injection. The Request for Authorization form dated 05/08/2014 was submitted with documentation. The rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection, Left L4-L5 and 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 (Facet Joint Diagnostic Blocks).

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

Decision rationale: The request for lumbar facet joint injection, L4-5 and L5-S1 is not medically necessary. Per the CA MTUS/ ACOEM Invasive techniques (e.g., local injections and facet joint injections of Cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The clinical notes provided stated that the injured worker's pain was a 2/10 using the VAS, which is functional. As such the request is not medically necessary.