MAXIMUS Federal Services

Case Number:	CM14-0073441		
Date Assigned:	07/16/2014	Date of Injury:	09/26/2001
Decision Date:	08/28/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Okalahoma and Texas. 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 65-year-old male who reported an injury on 10/26/2001. The mechanism of injury was not provided for clinical review. The diagnoses included thoracic disc displacement without myelopathy, lumbosacral neuritis/radiculopathy. Previous treatments included medication, sessions of lumbar facet injections. Within the clinical note dated 03/27/2014, it was reported the injured worker complained of pain which radiated into the left leg. He rated his pain 4/10 in severity. The injured worker reported having 2 previous facet injections with 60% less pain. On the physical examination the provider noted the injured worker had a negative straight leg raise. The provider indicated the injured worker had mild tenderness to the lumbosacral spine. The request submitted is for bilateral lumbar facet injection L4-L5, L4-S1 under fluoroscopy. However, a rationale is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections L4-L5, L4-S1 under flouroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections, lumbar.

Decision rationale: The request for bilateral lumbar facet injections L4-L5, L4-S1 under flouroscopy is not medically necessary. The injured worker complained of pain which radiated to his left leg. He rated his pain 4/10 in severity. The California MTUS/ACOEM Guidelines note facet injections are not recommended, there is limited research based evidence of patients with low back complaints.However, the Official Disability Guidelines recommend that clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note facet injections are limited to patients with moderate pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, NSAIDs, and no more than 2 joint levels should be injected in 1 session. The guidelines note 1 set of diagnostic medial branch blocks is required with a response of greater than 70% pain relief. There is a lack of documentation indicating the injured worker has tried and failed conservative treatment. There is a lack of objective findings indicating the injured worker had facetogenic pain. The request submitted exceeds the guideline recommendations of no more than 2 joint levels to be injected.There is a lack of documentation indicating the injured worker had at least 70% pain relief for at least 2 hours. The provider failed to document an adequate and complete physical examination. Therefore, the request is not medically necessary.