

Case Number:	CM14-0078891		
Date Assigned:	07/18/2014	Date of Injury:	04/15/2010
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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 Management 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:

This is a patient with a date of injury of 4/15/10. A utilization review determination dated 5/7/14 recommends non-certification of diagnostic L4-5 lumbar facet injection, monitored anesthesia care, and epidurography. 6/10/14 medical report identifies low back pain radiating into the legs. Patient was noted to have sustained a crush injury to the left and is complaining of swelling in the right leg and hypersensitivity. Clothes hurt his skin and numbness, paresthesia, and weakness are noted. On exam, there is paralumbar spasm with tenderness on the right, atrophy is present in the quadriceps, range of motion (ROM) is limited, straight leg raise (SLR) is positive at 30 degrees, and sensation to light touch is decreased on the left in the lateral thigh. Right leg is swollen with allodynia and hyperesthesia, contracture of the skin around knee, and positive for sweating. The provider noted that authorization for diagnostic lumbar facet L4-5 injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic L4-5 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low back complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, facet injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Diagnostic L4-5 lumbar facet injection, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG guidelines support the use of diagnostic medial branch blocks rather than intraarticular facet joint injections and state that they may be indicated for non-radicular low back pain if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Additionally, there is an abnormal sensory examination and positive straight leg raise. Given the above, there is no clear indication for the use of diagnostic injections for facetogenic pain. In light of the above issues, the currently requested diagnostic l4-5 lumbar facet injection is not medically necessary.

Monitored anesthesia care: 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): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Epidurography: 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): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.