

Case Number:	CM14-0088862		
Date Assigned:	07/23/2014	Date of Injury:	02/21/2013
Decision Date:	09/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 Medicine and is licensed to practice in Florida. 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 66 year-old male who reported a work related injury on 02/21/2013 due to slipping and falling. The injured worker's diagnoses consist of lumbar disc protrusion with facet hypertrophy, left lower radiculopathy, and knee tendinosis. Past treatment has included medication and physical therapy. The diagnostic tests included an MRI of the lumbar spine which revealed facet arthrosis at L5-S1 and L4-L5, as well as a 3mm diffuse disc protrusion effaces the thecal sac and combined with facet arthrosis narrows at the lateral recesses resulting in effacement of the transiting nerve root at L4-L5. Upon examination on 05/02/2014, subjective findings were intermittent pain in the lower back, with pain radiating to both hips, and numbness in both legs. Objective findings revealed the injured worker had antalgic gait and was unable to ambulate without the assistance of a cane, palpation caused tenderness to the lumbar paravertebral with a moderate spasm noted, and there is also tenderness to the paraspinous muscle over the lower lumbar spine. The injured worker's medications consisted of ibuprofen and metformin. The treatment plan was facet injections bilaterally to L4-5 and L5-S1 and the rationale for this request was for low back pain. The request for authorization was signed on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Injection 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Facet joint pain, signs & symptoms; Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for bilateral Lumbar Facet Injection L4-L5, L5-S1 is not medically necessary. According to the California MTUS ACOEM, invasive techniques such as facet joint injections of cortisone and lidocaine are of questionable merit. More specifically, the Official Disability Guidelines state that facet joint dysfunction is identified by tenderness to palpation in the facet region, normal sensory finding, and absence of radicular symptoms, and normal straight leg raise. In regard to therapeutic facet injections, the guidelines also recommend there is documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs, prior to the procedure for at least 4-6 weeks and no more than 2 facet joint levels are injected in one session. Upon examination on 05/02/2014 subjective findings were intermittent pain in the lower back, with pain radiating to both hips, and numbness in both legs. Although, within the documentation there was a finding of tenderness to the paraspinal muscle over the lower lumbar spine, but not directly over the facets, and the straight leg raises were negative bilaterally. Also, the injured worker had a diagnosis of radiculitis which contraindicates facet pain based on the guidelines. Based upon the information provided the clinical presentation is not consistent with facet joint dysfunction according to the guidelines and the injured worker does not meet the requirements for bilateral lumbar facet injection L4-L5, L5-S1. With the above stated, the request for bilateral Lumbar Facet Injection L4-L5, L5-S1 is not medically necessary.