

Case Number:	CM14-0191641		
Date Assigned:	11/25/2014	Date of Injury:	09/19/2011
Decision Date:	01/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 42 year-old patient sustained an injury on 9/19/11 while employed by [REDACTED]. Request(s) under consideration include Steroid injection repeat lumbar facet injection at L4-5. Diagnoses include lumbar disc displacement with myelopathy/ degeneration. Conservative care has included medications, therapy, facet injection, and modified activities/rest. MRI of the lumbar spine dated 6/16/14 showed multilevel canal stenosis with bulging annulus; mild DJD of facet joints. Reports of 6/25/14, 7/17/14, 9/2/14, and 11/7/14 from the provider noted patient with chronic ongoing pain low back with muscle spasm slightly better. Exam showed lumbar pain with tenderness and swelling; limited lumbar range with flex/ext/rotation/ bending of 40/10/10/10 degrees. Medications list Omeprazole, Hydrocodone, Cyclobenzaprine, Tramadol, and Diclofenac. Diagnoses include chronic lumbar strain/sprain; muscle spasm, L1-5 and myalgia/myositis. The patient was noted to have previous facet injection on 9/25/14 with 60% improvement. Treatment plan include repeating the lumbar facet injection. The patient remained off work. The request(s) for Steroid injection repeat lumbar facet injection at L4-5 was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection repeat lumbar facet injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections)

Decision rationale: At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. The patient is has only noted minimal pain relief with unchanged medication profile post recent facet injections. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing mild degenerative changes. Previous medial branch blocks are noted to provider significant help; however, no specific duration is identified, increased ADLs, work status, decrease in medication dosages, or medical utilization are demonstrated. Submitted reports have not demonstrated support outside guidelines criteria. The Steroid injection repeat lumbar facet injection at L4-5 is not medically necessary and appropriate.