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| Case Number: | CM14-0194947 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 04/09/2014 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 42-year-old male who reported an injury on 04/10/2014 due to a slip and fall. His diagnoses were noted to include lumbar facet syndrome, lumbar disc degeneration, and long term (current) use of other medications. Past treatments were noted to include medications, chiropractic therapy, and physical therapy. Diagnostic studies were noted to include an EMG/NCS done on 08/22/2014, which was noted to show no response at the left side tibial nerve H reflex compared to normal response at the right side nerve H reflex. It was noted this might be consistent with lumbosacral radiculopathy involving the left side S1 root distribution. It was also noted to show no electrical evidence of compromise of the perinatal or tibial nerve at the left lower extremity. Diagnostic studies were also noted to include an MRI of the lumbar spine, performed on 06/02/2014, which noted facet hypertrophy at L1-2, L2-3, L3-4, L4-5, and L5-S1; the testing also noted a 2 mm disc herniation at L2-3, a 3.5 mm disc herniation at L3-4, and a 4 mm disc herniation at L4-5. Surgical history was not included within the documentation submitted for review. On 12/11/2014, the documentation noted that the injured worker stated that since his last evaluation, his low back condition had progressively worsened. He continued to complain of moderate pain in his lower back rated 5/10. He described the pain as a sharp shooting sensation. Furthermore, he reported the pain radiated through his left leg and to his left foot, associated with tingling throughout his left lower extremity. The physical examination of the lumbar spine revealed tenderness with palpation to the left paravertebral musculature. The injured worker displayed limited range of motion in all planes with pain. Current medications were noted to include tramadol. The treatment plan was noted to include a consultation with a psychologist/psychiatrist to further address the injured worker's emotional complaints. The documentation also noted the physician prescribed the injured worker Motrin 600 mg for inflammation and pain. The injured worker was noted to return in 4 weeks for further evaluation

and treatment. The rationale for the request and the Request for Authorization were not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injections at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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) Low Back, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The request for bilateral facet injections at L3-4, L4-5, and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. The clinical documentation does not delineate between therapeutic and diagnostic purposes for the requested facet injections. Additionally, Official Disability Guidelines do not support the use of facet injections for diagnostic purposes in the presence of radiculopathy. Given that facet injections are not supported for therapeutic purposes, and the injured worker does have radicular symptom, the requested injections would not be supported in this clinical situation. As such the requested bilateral facet injections at L3-4, L4-5, and L5-S1 are not medically necessary or appropriate.