

Case Number:	CM14-0195700		
Date Assigned:	12/03/2014	Date of Injury:	11/19/1992
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab 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 underlying date of injury in this case is 11/19/1992. The date of the utilization review under appeal is 11/14/2014. On 10/28/2014, the patient was seen in primary treating physician pain management followup. The patient was noted to have a history of a lumbar postoperative syndrome with lumbosacral radiculitis and lumbar facet arthropathy. The patient reported his leg pain was 90% improved after a recent lumbar epidural steroid injection. The patient continued with predominantly axial pain. The patient had a history of lumbar spine surgery in the past and was noted to now have continued pain in the low back and legs. An electrodiagnostic study was normal in the nerve conduction section, but the needle exam showed chronic L5 denervation. On exam the patient had decreased sensation in both legs, left greater than right, and a positive Kemp's test as well as radicular paresthesias down both lateral thighs and lower legs and a well-healed posterior lumbar spine scar. The patient had trigger points in the lumbar spine and in both gluteus medius and gluteus maximus muscles. The treatment plan included continued use of Lidoderm patches as well as bilateral lumbar facet joint steroid injections to treat his low back pain present lumbar extension and rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection bilateral L4-L5 and L5-S1: 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.

Decision rationale: The ACOEM Guidelines, Chapter 12, section low back, page 300, state that invasive techniques such as facet joint injections or steroid and lidocaine are of questionable merit. Thus, the treatment guidelines do not support probable benefit from the requested intra-articular lumbar facet joint injections. This would particularly be the case given the complexity of the situation, the past lumbar surgery, and recent treatment for lumbar radiculopathy; thus, the clinical history is not clearly consistent with or suggestive of facet mediated signs and symptoms. Overall the requested injection is not supported by the treatment guidelines. This request is not medically necessary.