

Case Number:	CM14-0199161		
Date Assigned:	12/09/2014	Date of Injury:	08/25/2013
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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:

This is a 51 year old male with a work related injury dated 08/25/2013 while bending down to place a case of water on the bottom of a cart, he developed sudden pain in his low back and left leg. According to a primary physician's progress report dated 10/02/2014, the injured worker presented with complaints of low back and left hip pain and discomfort. Diagnoses included lumbar radiculopathy, left hip joint pain, facet syndrome of lumbar spine, and lumbar disc degeneration. Treatments have consisted of acupuncture with similar back pain and medications. Diagnostic testing included x-rays of the lumbosacral spine dated 08/27/2013 which showed scoliosis with convexity towards the right side centered at the level of the lower thoracic upper lumbar region and mild degenerative changes were noted in the thoracic-lumbar spine. MRI of the lumbar spine dated 09/27/2013 showed no acute lumbar spine abnormality, no evidence of disc herniation, multilevel lumbar spondylosis, degenerative changes most advanced at the L5-S1 level with a broad based posterior disc bulge with an associated posterior annular tear, L4-L5 broad based posterior disc bulge with bilateral facet and ligamentous hypertrophy, and mild to moderate bilateral neural foraminal narrowing. Electromyography of the left lower extremity was normal. Work status is noted as not working due to work restrictions not being accommodated due to marked limitations. On 10/28/2014, Utilization Review non-certified the request for Inj Paravert F Jnt L/S 1 Lev citing California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, and Official Disability Guidelines. The Utilization Review physician stated there is no clear documentation of facet tenderness to palpation, only stated tenderness to SI (sacroiliac) and Lumbar region. Additionally, the medical records are those of multifocal and multifactorial pain and not clearly facet mediated pain. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: According to the Official Disability Guidelines, facet joint articular injections are under study, and current evidence is conflicting as to this procedure; and at this time, no more than 1 therapeutic intra-articular block is suggested. The criteria for the therapeutic intra-articular injections includes: no more than therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, no more than 2 joint levels may be blocked at one time; and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to the facet joint injection therapy. The injured worker is indicated to have lumbar radiculopathy and chronic back pain. However, the documentation indicated the injured worker still had minimal radiating symptoms from the back to the left leg, and a positive straight leg raise on the left. Based on clinical documentation indicating remaining radicular pain and radiculopathy symptoms, a lack of documentation of a formal plan of additional evidence based activity and exercise in addition to the facet joint injection therapy, the request for bilateral lumbar facet injections at the L4-5 and L5-S1 levels are not medically necessary.