

Case Number:	CM14-0201200		
Date Assigned:	12/11/2014	Date of Injury:	07/27/1999
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This is a female patient with a date of injury of July 27, 1999. A utilization review determination dated November 19, 2014 recommends non-certification of lumbar facet injection L5-S1-L4-L5. A progress note dated October 24, 2014 identifies subjective complaints of persistent back pain, and persistent numbness in the right leg which is transitory and intermittent. The physical examination identifies severe pain with extension and rotation which is consistent with facet loading, deep tendon reflexes are 1+ bilaterally of the patella, 1+ on the right Achilles, and no reflexes elicited on the left Achilles. The diagnoses include lumbar spinal stenosis, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, cervical disc displacement, and lumbago. The treatment plan recommends a prescription refill for hydrocodone/APAP 10-325 mg #30, cyclobenzaprine 7.5 mg #90, topiramate 25 mg #60. The treatment plan also recommends a request for authorization for bilateral lumbar facet injection L5-S-L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection L5-S1-L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Guidelines Web 2014 "Low Back".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar facet injections L5-S1-L4-L5, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, it appears the patient has active subjective complaints of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, it is unclear what conservative treatment measures have been attempted for this patient's diagnoses prior to the currently requested facet injections. In light of the above issues, the currently requested lumbar facet injections L5-S1-L4-L5 are not medically necessary.