

Case Number:	CM14-0207881		
Date Assigned:	12/19/2014	Date of Injury:	05/18/2012
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 45-year-old female with a 5/18/12 date of injury. According to a progress report dated 11/25/14, the patient returned for the treatment of low back pain with referred leg pain (not radicular, above the knee). She rated her current pain level at a 7/10. The pain has been present for several years and had the pain quality of sharp, dull, aching, continuous, and stabbing. She has not had a previous back fusion and has not had a radiofrequency at the current pain location in the past 6 months. She also complained of right arm pain. Objective findings: bilateral L3-4, L4-5, L5-S1 lumbar facets are tender; sacroiliac joint is non-tender; no spinal tenderness or misalignment. Diagnostic impression: sacroiliitis, facet joint disease, lumbar facet syndrome, chronic pain syndrome, drug dependence, myosalgia, arm pain. Treatment to date: medication management, activity modification, rotator cuff surgery, physical therapy, and chiropractic therapy. A UR decision dated 11/21/14 denied the request for lumbar facet series of 2. Facet injections are not recommended to be done therapeutically as they do not provide long term pain control. The indication for the repeat injections is not stated in the records, and the medical necessity of this request has not been clearly demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet series of 2: 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), Low Back, Facet Joint Injections Multiples Series

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Facet Injections.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, in the present case, there is no documentation of failure of conservative measures of treatment. In addition, there is no indication of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. Furthermore, this request does not specify the disc levels for injection. Therefore, the request for Lumbar facet series of 2 was not medically necessary.