

Case Number:	CM14-0217842		
Date Assigned:	01/07/2015	Date of Injury:	03/23/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 53 year old male with a date of injury as 03/23/2013. The cause of the injury was not included in the documentation received. The current diagnoses include chronic low back pain, degenerative lumbar spondylosis, and myofascial pain syndrome. Previous treatments include medications, physical therapy, home exercise program, and facet joint injection. Primary treating physician's reports dated 06/04/2014 through 11/18/2014, qualified medical exam dated 07/01/2014, and urine drug screening dated 12/16/2014 were included in the documentation submitted for review. Report dated 11/18/2014 noted that the injured worker presented with complaints that included continued chronic low back pain. Physical examination revealed decreased range of motion, muscle spasms in the lumbar paraspinals/gluteus muscles, positive guarding in the left lower extremity, decreased deep tendon reflex left adductor magnus, and positive straight leg raise on the left. The physician noted that the injured worker had a prior facet joint injection which provided significant pain reduction for 6 months. Treatment plan included the request for epidural steroid injection lumbar spine (left L5). Medication regimen includes Norco, nabumetone, omeprazole, and Lidoderm patches. The injured worker is on modified work restrictions. The utilization review performed on 12/15/2014 non-certified a prescription for facet joint injection, lumbar spine based on the level for the requested injection was not specified. The reviewer referenced the California MTUS, ACOEM, Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks) Facet joint medial branch blocks (therapeutic injections) ACOEM 3rd Edition, Low back disorders. Hegmann KT, editor(s), Occupational medicine practice guidelines, Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 201

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions and the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. The Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per the ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document a history of chronic low back pain. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per the ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for facet joint injections is not supported by the MTUS, ACOEM, or ODG guidelines. Therefore, the request for facet joint injection lumbar spine is not medically necessary.