

Case Number:	CM14-0042995		
Date Assigned:	06/30/2014	Date of Injury:	02/27/2012
Decision Date:	03/04/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male with an original date of injury of February 27, 2012. The mechanism of injury occurred in the context of lifting and asphalt late, and the patient developed low back pain. The patient has had conservative treatment with anti-inflammatory medication, narcotic pain medication including new center, and did undergo a lumbar discectomy in May 2012. The industrial diagnoses include lumbar radiculopathy, lumbar disc degeneration, chronic low back pain, and lumbar facet disease. The disputed issue at this time is a request for lumbar facet injections. A utilization review had denied the request for facet injections. The reason for the denial was that "no facet pathology was noted on diagnostic workup with MRI of the lumbar spine dated November 26, 2012." The reviewer further noted that guidelines do not recommend these injections as a first-line therapeutic option, and the current request was felt to be unsupported at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Low Back Chapter, Facet Injections

Decision rationale: ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are not recommended in Table 12-8 on page 309 based upon limited research-based evidence (at least one adequate scientific study of patients with low back pain). Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. In the case of this injured worker, there is no documentation that the worker is at the transitional phase between acute and chronic pain as this is a long-standing issue. Furthermore, the Official Disability Guidelines specify if there is presence of radicular pain, then facet blocks are not recommended. Documentation from a notes dated 3/3/2014 and another dated 7/15/13 indicate the patient still experiences radiating left lower extremity pain and numbness. Given the guidelines, the request for facet injection is not medically necessary.