

Case Number:	CM15-0003918		
Date Assigned:	01/14/2015	Date of Injury:	04/17/2014
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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, Indiana, New York
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 37 year old male, who sustained an industrial injury on 4/17/2014. He has reported back pain and was diagnosed with lumbar back pain. Treatment to date has included conservative measures. A magnetic resonance imaging report of the lumbar spine, dated 9/18/2014, noted mild degenerative disc disease and annular disc bulge at L1, without evidence of neural compromise. Facet arthropathy was present between L3-L4 and L5-S1 intervals. Currently, the injured worker complains of continued back pain for 8 months. He reported sharp and painful spasms in his lumbar area when he moved a certain way. Physical exam noted tender L5-S1 processes, interspace. Moderate positive paraspinous muscle tenderness was greatest at L4, and spasm right of lower to mid lumbar spine, was noted. Normal extension, flexion, rotation, and tilting were noted. On 12/29/2014, Utilization Review non-certified a lumbar facet joint injection and anesthesia services for the lumbar facet joint injection, noting the lack of compliance with Official Disability Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection; Qty: 1: 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), Treatment Index, 9thEdition(web), 2011, Low Back- Facet joint pain, signs & symptoms, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Low back section, Facet joint injections

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar facet joint injection #1 is not medically necessary. The ACOEM states invasive techniques (local injections of facet joint injections of cortisone and lidocaine) are questionable merit. The ODG enumerates the criteria for use of diagnostic blocks for facet "mediated" pain. They include, but are not limited to, low back pain that is non-radicular and it no more than two levels bilaterally; documentation of a failure of conservative treatment (including home exercise, PT and nonsteroidal anti-inflammatory drugs); etc. Facet joint signs and since the include tenderness to help patient in paravertebral areas over the facet region; normal sensory examination; absence of radicular findings, although pain may radiate below the knee; global straight leg raising exam. See the guidelines for additional details. In this case, the injured workers working diagnosis is lumbar back pain. Subjectively, the injured worker complains of low back pain for eight months. The pain is sharp with spasms in the lumbar area with certain range of motions. Objectively, lumbar spine shows straightening of the lordotic curve. There is tenderness over the L5 - S1 spinal processes. There is moderate paraspinal muscle tenderness greatest at the right L4. Range of motion is normal. Motor and sensory is normal. Documentation does not request to what level or levels the lumbar facet joint injection is to be administered. Consequently, absent clinical documentation with specific (lumbar) levels with which to administer a lumbar facet joint injection, lumbar facet joint injection #1 is not medically necessary.

Anesthesia services for the Lumbar facet injection; Qty: 1: 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), Treatment Index, 9thEdition(web), 2011, Low Back- Facet joint pain, signs & symptoms, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Low back pain, Facet joint injections

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, anesthesia services for the lumbar facet injection is not medically necessary. The ACOEM states invasive techniques (local injections of facet joint injections of cortisone and lidocaine) are questionable merit. The ODG enumerates the criteria for use of diagnostic blocks for facet "mediated" pain. They include, but are not limited to, low back pain that is non-radicular and it no more than two levels bilaterally; documentation of a failure of conservative treatment (including home exercise, PT and nonsteroidal anti-inflammatory drugs); etc. Facet joint signs and since the include tenderness to help patient in paravertebral areas over the facet region; normal sensory examination; absence of radicular findings, although pain may radiate below the knee; global

straight leg raising exam. See the guidelines for additional details. In this case, the injured workers working diagnosis is lumbar back pain. Subjectively, the injured worker complains of low back pain for eight months. The pain is sharp with spasms in the lumbar area with certain range of motions. Objectively, lumbar spine shows straightening of the lordotic curve. There is tenderness over the L5 - S1 spinal processes. There is moderate paraspinal muscle tenderness greatest at the right L4. Range of motion is normal. Motor and sensory is normal. Documentation does not request to what level or levels the lumbar facet joint injection is to be administered. The clinical documentation with specific (lumbar) levels with which to administer a lumbar facet joint injection was absent from the record and the lumbar facet joint injection #1 was not medically necessary. Consequently, the lumbar facet joint injection was not medically necessary and, therefore, anesthesia services for the lumbar facet joint injection are not medical necessary.