MAXIMUS Federal Services

Case Number:	CM15-0046147		
Date Assigned:	03/18/2015	Date of Injury:	08/23/2014
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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
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 39 year old male who sustained an industrial injury on 8/23/14 while carrying and lifting boxes resulting in pain in the low back and right lower leg. He currently complains of frequent low back pain with radiation into both legs. The left leg pain is worse than the right and radiates into the foot. His pain intensity is 7/10. Because of the pain his activities of daily living are compromised as he has great difficulty bending, getting dressed and toileting. He has sleep difficulties due to pain. Medications include Biofreeze to his back. Diagnoses include sprain/ strain of lumbosacral region; sciatica; lumbar degenerative disc disease. Treatments to date included injections into low back with no improvement, physical therapy which caused his low back and legs to go into spasm and home exercise program. Diagnostics include MRI of the lumbar spine (no date) revealing spinal stenosis and radiculopathy; x-ray of the lumbar spine and pelvis (2/11/15). In the progress note date 12/15/14 the treating provider recommended epidural steroid injection at L5-S1 based on recent lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection, unspecified level, quantity 1: 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): 300-309. 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 facet injections, 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, there are no recent physical examination findings supporting a diagnosis of facet arthropathy and no levels are mentioned for the proposed injection. Additionally, it appears the patient has active symptoms 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 facet injections are not medically necessary.