

Case Number:	CM14-0122999		
Date Assigned:	09/24/2014	Date of Injury:	09/30/2012
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 63 year old female with date of injury of 9/30/2012. A review of the medical records indicate that the patient is undergoing treatment for lumbago and lumbar radiculopathy. Subjective complaints include continued low back pain with radiation down both legs. Objective findings include decreased range of motion of lumbar spine with positive straight leg raise bilaterally. MRI findings showing slight disc bulge at L5-S1, with no recurrence of slipped disc after laminectomy. Treatment has included Percocet, Toradol injection, Tramadol, and laminectomy. The utilization review dated 7/25/2014 non-certified bilateral facet joint injections L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Joint Injections at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Updated 7/3/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections

Decision rationale: MD Guidelines state: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. Repeated diagnostic injections in the same location(s) are not recommended." Additionally, "Diagnostic facet joint injections are not recommended for treatment of acute or subacute low back pain or radicular pain syndromes." ACOEM Guidelines also report "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." In this case, it is clear that the employee is having chronic pain, since it has lasted for the past several years since the date of injury and even after her surgery. She is beyond any transitional phase. Additionally, she is having radicular pain, which is specifically stated as something that facet joint injections are not recommended for. Therefore, the request for bilateral facet joint injections at L5-S1 is not medically necessary.