

Case Number:	CM14-0138040		
Date Assigned:	09/05/2014	Date of Injury:	01/27/2001
Decision Date:	10/31/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 38-year-old female who reported an injury on 01/27/2001. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spondylosis without myelopathy, chronic pain, myalgia and myositis, low back pain, depression, and facet joint degeneration. The injured worker was evaluated on 08/05/2014 with complaints of persistent lower back pain. The injured worker also reported radiating symptoms into the bilateral lower extremities. Previous conservative treatment is noted to include heat/ice therapy, medications, rest, and multiple injections to include lumbar facet injections in 2011. It is also noted that the injured worker did not respond well to a lumbar radiofrequency ablation at L3, L4, and L5. Physical examination on that date revealed a normal gait, limited lumbar range of motion, intact sensation, and positive facet loading maneuver at L4-5 and L5-S1 on the right. Treatment recommendations at that time included continuation of the current medication regimen and lumbar facet joint nerve blocks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5, L5-S1 lumbosacral facet injections (x6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back criteria for use of therapeutic intra-articular and medial branch blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker's physical examination does reveal positive facet loading maneuver. However, the Official Disability Guidelines further state no more than 2 facet joint levels should be injected in 1 session. The injured worker has also been previously treated with facet injections. There is no documentation of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary and appropriate.