MAXIMUS Federal Services

Case Number:	CM14-0139023		
Date Assigned:	09/05/2014	Date of Injury:	09/06/2010
Decision Date:	10/07/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 and Rehabilitation and is licensed to practice in Georgia. 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 patient is a 48 year old female who was injured on 09/06/2010. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/21/2014, which noted tiny high T2 weighted signal intensity zones at the left lateral disc at L4-L5 and L5-S1, which can represent annulus fibrosis tear, with mild bilateral facet arthropathy at L4-L5 and L5-S1, with associated with left synovial cysts. Progress report dated 07/02/2014 documented the patient to have complaints of continued pain. She reported low back pain down her left leg. She has tried physical therapy and acupuncture with no benefit. She rated the pain as an 8/10 with stooping reportedly aggravating the pain. It was noted the patient had previously tried physical therapy and acupuncture. It was also noted she had previously had a "nerve test" which was "normal". Objective findings on exam revealed a normal gait, with an inability to perform heel-to-toe walk. The patient had tenderness to palpation in the lower extremities, left greater than right. The patient had decreased flexion, extension, lateral rotator by 25%. Straight leg raise was positive in the left lower extremity and sensation was intact. The patient had 5/5 strength in the bilateral lower extremities. Normal tone was noted, with no noted paraspinal muscle spasms. Listed impressions included lumbago, lumbar radiculopathy, and myofascial pain. A recommendation was made for bilateral L4-5 and L5-S1 facet injections due to "tenderness on facets and some mild facet disease on MRI."Prior utilization review dated 09/05/2014 stated the request for facet joint injections (x1) at the right L4-L5 and L5-S1 was denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections (x1) at the right L4-L5 and L5-s1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM online, www.acoempracguides.org / Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections)

Decision rationale: CA MTUS guidelines do not discuss the issue. The Official Disability Guidelines (ODG) criteria for use of diagnostic blocks for facet "mediated" pain are indicated when there is a clinical presentation consistent with facet joint pain. ODG notes that for therapeutic intra-articular injections, there should be no evidence of radicular pain (ODG notes that a positive straight leg raise test can be present if facet arthropathy encroaches on the nerve root), spinal stenosis, or previous fusion. If successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. The medical records document imaging findings and symptoms which are suggestive of left sided facet mediated pain. The request, however, is for right L4-L5 and L5-S1 facet injections. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.