

Case Number:	CM14-0163149		
Date Assigned:	10/08/2014	Date of Injury:	10/29/2004
Decision Date:	12/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine and is licensed to practice in California. 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 suffered his injury on 10/29/14 and had a disc replacement at L4-5 and L5-S1 in 2007. On a medical report on 8/26/14 it was noted that the patient had bilateral back pain radiating down his right lower extremity and that he had recently experienced a flare of this pain. Prior to this he was seeing a pain management doctor and his pain was stable on Ultram, muscle relaxants, and Lunesta. However, his pain was now 7-8/10 and not controlled on the present regimen. It was noted that a recent CT scan had shown facet joint arthrosis at L4-5 and L5-S1. The M.D. was requesting facet joint injections at L4-5 and L5-S1 to treat the exacerbation of pain. However, the UR denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174,181; 309.

Decision rationale: The MTUS states that facet injections are not recommended in both the cervical and lumbar spine regions. It also notes that there is limited evidence showing that

radiofrequency neurotomy is effective in relieving or reducing cervical facet pain in patients who had had a beneficial response to cervical facet injection. Uptodate states that facet joints are subject to degeneration and developing arthritis. It also states that it is difficult if not impossible to utilize clinical criteria or imaging in order to identify the source of pain as originating in the facet joints of the lumbar spine. It concludes that the efficacy of facet joint injections is controversial and that there is sparse evidence of its efficacy. The MTUS states that lumbar facet joint injection is not recommended and the article in Uptodate seems to support this statement. Therefore, the request is not medically necessary.