

Case Number:	CM14-0166333		
Date Assigned:	10/13/2014	Date of Injury:	08/20/2013
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 42 year old female who was injured on 08/20/2013. During a doctor visit on 09/17/14, she was reported to have complained of persistent pain in her neck and low back. The neck pain does not radiate; but the low back pain radiates through both hips to the buttocks, then to the knees. The physical examination was positive for limited range of motion of the cervical spine, tenderness in the bilateral C3-C5 facet region, the right more than the left. There was limited range of motion of the lumbar spine; tenderness in the entire lumbar spine; lateral facet mediated pain with palpation, right more than the left at L4-S1. Straight leg tests were negative. The remainder of the physical examination was unremarkable. Her MRI indicated degenerative disc desiccation and bulging at L4-L5 with a right foraminal disc protrusion that abuts the L4 nerve root; mild degenerative disc collapse at L5-S1. CT scan of cervical spine suggests mild degenerative disc space narrowing without fracture. She has been diagnosed of Displaced Lumbar Intervertebral disc; sprains/strains of the neck; sciatica; tension headache; chronic low back pain which appears to have some referred bilateral leg pain that does not appear to be radicular in nature; and chronic axial neck pain which is apparently acting mechanical in nature. Prior treatments with chiropractic care, physical therapy, and right L4-L5 Epidural steroid injection were not beneficial, currently she is being treated with Meloxicam, Amitriptyline, Butrans, and Transderm patch. At dispute are the requests for facet injection of the lumbar spine right side L4-5/L5-S1, and facet injection of the lumbar spine left side L4-5/L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection of the lumbar spine right side L4-5/L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Low Back Disorders

Decision rationale: The injured worker sustained a work related injury on 08/20/2013. The medical records provided indicate the diagnosis Displaced Lumbar Intervertebral disc; sprains/strains of the neck; sciatica; tension headache; chronic low back pain which appears to have some referred bilateral leg pain that does not appear to be radicular in nature; and chronic axial neck pain which is apparently acting mechanical in nature. Prior treatments with chiropractic care, physical therapy, and right L4-L5 Epidural steroid injection were not beneficial, currently she is being treated with Meloxicam, Amitriptyline, Butrans, and Transderm patch. The medical records provided for review do not indicate a medical necessity for Facet injection of the lumbar spine right side L4-5/L5-S1. MTUS does not discuss facet injections of the low back. The ACOEM guidelines recommends against facet joint injections for treatment of acute, subacute, or chronic low back pain. The requested treatment is not medically necessary.

Facet injection of the lumbar spine left side L4-5/L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) < Low Back Disorders

Decision rationale: The injured worker sustained a work related injury on 08/20/2013. The medical records provided indicate the diagnosis Displaced Lumbar Intervertebral disc; sprains/strains of the neck; sciatica; tension headache; chronic low back pain which appears to have some referred bilateral leg pain that does not appear to be radicular in nature; and chronic axial neck pain which is apparently acting mechanical in nature. Prior treatments with chiropractic care, physical therapy, and right L4-L5 Epidural steroid injection were not beneficial, currently she is being treated with Meloxicam, Amitriptyline, Butrans, and Transderm patch. The medical records provided for review do not indicate a medical necessity for Facet injection of the lumbar spine right side L4-5/L5-S1. MTUS does not discuss facet injections of the low back. The ACOEM guidelines recommends against facet joint injections for treatment of acute, subacute, or chronic low back pain. The requested treatment is not medically necessary.

