MAXIMUS Federal Services

Case Number:	CM14-0168384		
Date Assigned:	10/16/2014	Date of Injury:	01/01/2003
Decision Date:	12/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for lumbago, displacement of lumbar intervertebral disc without myelopathy, disorders of the sacrum and lesion of the sciatic nerve, associated with an industrial injury date of January 1, 2003.Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. Exam shows tenderness in the L3-4 region and sacroiliac joints, with decreased range of motion (ROM). Straight leg raise test was positive. An MRI of the lumbar spine dated 5/15/2014 showed degenerative and postop changes, degenerative disc bulging and facet arthritis at L2-3 above the fusion, slightly worsened compared to a previous study. Treatment to date has included medications and surgery. The utilization review from September 19, 2014 denied the request for lumbar facet injections series of 3 because the guidelines do not allow facet injections for patients with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Diagnostic Block

Decision rationale: Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for diagnostic facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy (PT), and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the patient presented with low back pain with positive straight leg raise test. An MRI of the lumbar spine dated 5/15/2014 showed degenerative and postop changes, degenerative disc bulging and facet arthritis at L2-3 above the fusion back slightly worsened compared to previous. This clinical presentation is consistent with radiculopathy. A radicular type of pain is not an indication for facet block as stated above. Moreover, there was no documentation of a failure of conservative treatment as stated above. There was also no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. Guideline criteria were not met. Furthermore, the request failed to specify intended level for injection. The request is incomplete and is contrary to the guidelines; therefore, the request for lumbar facet injections series of 3 is not medically necessary.