

Case Number:	CM14-0068770		
Date Assigned:	07/14/2014	Date of Injury:	10/05/2011
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational 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:

Injured worker is a female with date of injury 10/5/2011. Per orthopedic office visit dated 3/7/2014, the injured worker continues to experience low back pain. She states that the pain is so severe at this time that she is unable to sit for even short to moderate duration of time. She is not able to tolerate home exercise program because of this low back pain. She's been taking Norco as prescribed once every six hours, however she is not noticing any relief with the medication and is suffering. She is not working. On examination lumbar facet loading is positive and reproduce her symptoms. No new changes from a strength, sensation, gait, deep tendon reflex standpoint. Straight leg raising is negative. Bilateral plantar reflex is flexor. Diagnoses include 1) lumbar spine degenerative disc disease 2) lumbar spine myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection bilateral Lumbar 4-5, Lumbar 5-Sacral 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Facet Joint Diagnostic Blocks (Injections) section.

Decision rationale: Per the requesting physician, the injured worker's pain is secondary to facet mediated pathology. The facet joint injection is intended to be diagnostic. Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The claims administrator notes that the injured worker had a physical therapy evaluation on 1/7/2014, but it is unclear if the injured worker had attended physical therapy and if so, there is no documented response to therapy. The medical documents provided for this independent review also do not include any information regarding completion of physical therapy. The request for lumbar facet injections bilaterally at L4-L5 and L5-S1 is determined to be not medically necessary.