

Case Number:	CM14-0214241		
Date Assigned:	01/07/2015	Date of Injury:	12/22/1986
Decision Date:	02/28/2015	UR Denial Date:	11/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of December 22, 1986. A utilization review determination dated November 16, 2014 recommends noncertification of lumbar facet injections. Noncertification was recommended due to lack of documentation of improvement from previous facet injections. A progress report dated November 6, 2014 identifies subjective complaints of low back pain which is exacerbated by standing and forward flexion. Physical examination findings reveal restricted extension with worsening low back pain and positive left lumbar facet provocative maneuvers. Palpation produces tenderness of the left lower lumbar paraspinals. Diagnoses include lumbar facet joint syndrome, lumbar strain, and lumbar disc protrusion. The treatment plan states that the patient is not interested in attending physical therapy or acupuncture as she did not previously find them effective. A left L4-5 and L5-S1 facet joint injection was offered. Consideration for radiofrequency ablation will be based upon the outcome of these injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 facet injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, it appears that the patient has undergone previous lumbar facet injections. It is unclear at what level those injections were performed and what the patient's response was to them. Guidelines do not support the use of repeat facet injections. Additionally, guidelines recommend medial branch blocks for diagnostic purposes prior to radiofrequency ablation. The requesting physician has not stated why he prefers to use facet injections at the current time if radiofrequency ablation is being considered. In the absence of clarity regarding those issues, the currently requested facet injections are not medically necessary.