MAXIMUS Federal Services

Case Number:	CM14-0218802		
Date Assigned:	01/08/2015	Date of Injury:	10/20/2012
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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

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 22-year-old female who reported a work related injury on 10/20/2012. The mechanism of injury involved a fall. The current diagnoses include degenerative disc disease in the lumbar spine and lumbar spinal stenosis. Previous conservative treatments have included physical therapy, chiropractic are, acupuncture and epidural steroid injections and despite prolonged treatment, she still had persistent low back pain. An MRI of the lumbar spine revealed disc desiccation at the L4-L5 level and a 4 mm posterior disc protrusion with subarticular stenosis secondary to disc protrusion and facet hypertrophy. There was also significant disc desiccation at the L5-S1 level with a 4 mm disc protrusion causing left neuroforaminal stenosis and subarticular stenosis as well as an annular tear. This contributes to severe left lateral recess narrowing and impingement of the S1 nerve root. The injured worker presented on 11/21/2014 with complaints of 6/10 low back pain with radiating pain and numbness in the bilateral lower extremities. Upon examination, there was limited range of motion, negative straight leg raise and normal motor strength. Recommendations included authorization for an epidural steroid injection in the lumbar spine at L5-S1, authorization for facet injection and L4-L5 and L5-S1, return to office with an MRI of the lumbar spine for additional review, and authorization for physical therapy for aerobic capacity, core strengthening, flexibility, McKenzie exercises and DMT type exercises. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

facet injection L4-L5 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, lumbar and thoracic, facet joint injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Diagnostic facet joint injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state prior to a diagnostic facet joint block, the clinical presentation should be consistent with facet joint pain signs and symptoms. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Upon examination, there was no documentation of facet mediated pain. The Official Disability Guidelines do not recommend facet joint injections where there is evidence of low back pain that is radicular in nature. The injured worker presented with complaints of lower back pain with numbness and radiating pain in the bilateral lower extremities. Given the above, the injured worker does not appear to meet criteria as outlined by the Official Disability Guidelines. As such, the request is not medically appropriate in this case.