MAXIMUS Federal Services

Case Number:	CM15-0114981		
Date Assigned:	06/23/2015	Date of Injury:	03/02/2014
Decision Date:	07/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old male, who sustained an industrial injury on March 2, 2014. The injured worker was diagnosed as having low back pain/strain and left knee pain/medial plica. Treatment to date has included epidural steroid injection, physical therapy, massage therapy, chiropractic therapy, magnetic resonance imaging (MRI), nonsteroidal anti-inflammatory drugs (NSAID) and Norco. A progress note dated June 2, 2015 provides the injured worker complains of back pain. He reports at times he will have sudden increase in pain that drives him to his knees. Physical exam notes he appears to be uncomfortable. There is an antalgic gait and the pelvis is not level. There is a request for facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral intraarticular facet injection at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain, Facet joint diagnostic blocks (injections), Facet joint injections, multiple series.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral intra-articular facet injections at L3-L4, L4-L5, and L5-S1 are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; and lumbago. The request for authorization is dated April 2, 2015. A progress note dated April 1, 2015 states the injured worker's status post and L5-S1 transforaminal epidural steroid injection. The injured worker received 10 to 15% relief for one day. Subjectively, the injured worker complains of low back pain 7-10 that radiates to the bilateral legs. The guidelines recommend facet joint injections in patients with lumbar pain that is non-radicular and that no more than two levels bilaterally. Subjectively, the injured worker's pain is radicular and the treating provider is requesting facet joint injections at three levels. Additionally, the ACOEM states that the joint injections are questionable merit. Consequently, absent clinical documentation with non-radicular lumbar pain and a request for facet joint injections at three levels (in excess of the recommended guidelines), bilateral intra-articular facet injections at L3-L4, L4-L5, and L5-S1 are not medically necessary.