

Case Number:	CM15-0121730		
Date Assigned:	07/02/2015	Date of Injury:	04/05/2001
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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

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:

The injured worker is a 70-year-old female, who sustained an industrial injury on 04/05/2001. On provider visit dated 05/18/2015 the injured worker has reported low back pain and mid back pain. On examination of the back revealed lumbosacral paraspinal muscle spasm with tender area over the bilateral lower lumbar sacral facet joints and SI joint range of motion was decreased with pain was noted. The diagnoses have included low back pain, SI joint dysfunction, and facet arthropathy and status post back surgery. Treatment to date has included medication, acupuncture, and epidural steroid injections. The provider requested one bilateral L4-S1 facet joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-S1 facet joint injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: With regard to the facet injection request, the ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are "Not recommended" in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)." Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." It should be noted that the ACOEM guidelines take precedence over other guidelines in hierarchy of evidence for the IMR process, as it is adopted by the CA MTUS. The patient in this case is not in the transitional phase between acute and chronic pain. Since these injections are of questionable merit and are not recommended by guidelines, this request is not medically necessary.