

Case Number:	CM13-0002590		
Date Assigned:	10/14/2014	Date of Injury:	07/15/1999
Decision Date:	11/13/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/22/2013

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 Hawaii & 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:

This case is a 64-year-old female with a date of injury on 7/15/1999. A review of the medical records indicates that the patient is undergoing treatment for facet arthrosis with back pain L2-3, degenerative disc disease. Subjective complaints (9/3/2013) include lower extremity radicular pain pattern to L3-4, L4-5. Medical notes (10/1/2013, 11/26/2013, 1/21/2014, 4/7/2014, 6/2/2014, 9/8/2014) did not indicate any subjective complaints. Objective findings (9/3/2013) include 5/5 strength to iliopsoas, hamstrings, 4/5 strength to quadriceps, sensory exam with diffuse changes in L3-4, L4-5 dermatomes. Findings from 10/1/2013, 11/26/2013, 1/21/2014, 4/7/2014 remained "unchanged". Objective findings (6/2/2014) include motor weakness at L4-5 with sensory changes. Objective findings on 9/8/2014 remained "unchanged". X-rays (2/10/2012) indicate no evidence of spondylolisthesis, mild degenerative changes to L2-3, L3-4, and postsurgical changes from L4-S1. Treatment has included rhizotomy to L2-3 (11/10/2011), physical therapy (unknown number of sessions), pool therapy, lumbar fusion (6/2002), and cervical fusion. A utilization review dated 7/3/2013 non-certified the request for Facet injection at L2-3 and L3-4 due to not meeting guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection at L2-3 and L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: MTUS is silent regarding facets blocks. ODG recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." ODG continues by stating "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level" or "whom a surgical procedure is anticipated". Medical records indicate that a lumbar fusion has occurred with hardware removal, but records do not indicate which levels the fusion were performed. Subjective complaints also indicate radicular pain. ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block - Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". As such, the request for Facet injection at L2-3 and L3-4 is not medically necessary.