

Case Number:	CM13-0026432		
Date Assigned:	11/22/2013	Date of Injury:	03/15/2011
Decision Date:	01/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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:

The patient is a 55-year-old male who reported an injury on 03/15/2011. The mechanism of injury was not noted in the provided medical records. The patient's symptoms include low back pain. Physical exam findings include bilateral lumbosacral paraspinal tenderness, limited range of motion, mostly in extension secondary to pain, and exacerbated pain with bilateral facet loading maneuvers. A request was made for bilateral L4-5 intra-articular facet joint injections, as well as an updated MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-301. Decision based on Non-MTUS Citation ODG Low Back

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: According to CA MTUS/ACOEM Guidelines, facet injections are of questionable merit. Official Disability Guidelines, facet joint intra-articular injections are under study as current evidence is conflicting as to this procedure, and at this time no more than 1

therapeutic intra-articular block is suggested. The criteria for use of therapeutic intra-articular and medial branch blocks are as follows: no more than 1 therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, with initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; no more than 2 joint levels may be blocked at any 1 time; and there should be evidence of a formal plan of additional evidenced based activity and exercise in addition to facet joint injection therapy. The patient's symptoms were not shown to include radicular pain, and there was a plan for active participation in his home exercise program and core strengthening following a therapeutic intra-articular facet joint injection. Additionally, an MRI noted to have been done on 04/06/2011 was normal with no disc bulge, herniation, or spinal stenosis; however, it also noted no significant facet arthropathy or foraminal encroachment. The medical records provided for review indicate that the patient was approved for a medial branch block to bilateral L3 and L4 levels on 09/30/2013, he had the procedure done on 10/29/2013, and the request for a lumbar medial branch neurotomy with radiofrequency ablation at bilateral L2, L3, and L4 was made on 11/07/2013. As it was noted that the patient had a recent diagnostic medial branch block and there is a plan in place for neurotomy with radiofrequency ablation, the request for bilateral lumbar facet joint injections is not supported at this time. Therefore, the requested service is non-certified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: According to Official Disability Guidelines, repeat MRI's are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). As the patient was noted to have had an MRI of the lumbar spine in 2011, there are no exceptional factors or significant new symptoms noted since that MRI, the patient has had recent diagnostic medial branch blocks with positive results, and a plan has been made for medial branch neurotomy with radiofrequency ablation, the request for an updated MRI is not supported at this time. For this reason, the requested service is non-certified.