

Case Number:	CM13-0044481		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2011
Decision Date:	02/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in 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 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:

This patient reported a 02/21/2011 injury date. Per report 09/30/2013 by [REDACTED], the listed diagnoses are SI joint pain, status post bilateral L5-S1 facet joint radiofrequency ablation, bilateral facet joint pain at L5-S1 confirmed by positive diagnostic medial branch blocks, bilateral lumbar facet joint pain at L3-L4-L5 confirmed by facet joint medial branch blocks, central disk protrusions at L4-L5 and L3-L4, lumbar spine strain, GI upset due to industrial medications, decreased sleep secondary to low back pain. Presenting symptoms described in this report are chronic right-sided low back pain, particularly at L3-L4-L5 levels that are worse with prolonged sitting, standing, lifting, twisting, driving, and lying down. Medications help, and the listed medication is ibuprofen 600 mg 3 times a day. For examination, the treater documents tenderness upon palpation of the bilateral lumbar paraspinal musculature overlying L3-S1 facet joints with lumbar extension that is more painful than lumbar flexion. There is a request for injection diagnostic or therapeutic agent, paravertebral facet joint or nerves innervating the joints with imaging guidance using fluoroscopy or CT scan of the lumbar or sacral 3rd and any additional levels. The report from 09/30/2013 by treating physician is helpful and that he specifies the exact request. He is recommending fluoroscopically guided therapeutic bilateral L3-L4 and L4-L5 facet injections given positive diagnostic injection that provided 100% relief after 30 minutes and lasting greater than 2 hours with increased range of motion. &

IMR ISSUES, DECISIONS AND RATIONALES

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

injection(s) diagnostic or therapeutic agent, paravertebral facet (Zygapphyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy of CT lumbar or sacral; third and any add: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 11th Edition (web), 2013 Hip and Pelvis Chapter, acroiliac joint radiofrequency neurotomy. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, page 114, 76.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Facet Intra-articular injections for L-spine

Decision rationale: This patient presents with chronic right-sided low back pain. Review of the report from 09/30/2013 shows that the patient has had a number of different procedures done. The current presenting symptoms are right-sided low back pain with the examination showing paravertebral facet tenderness at L3-L4-L5 levels. The patient apparently has had diagnostic dorsal medial branch blocks at these levels in the recent past, and the treating physician is recommending fluoroscopically guided therapeutic bilateral L3-L4-L5 intraarticular facet injections for therapeutic purposes. ACOEM Guidelines Chapter 12, under low back pain complaints, does not recommend facet joint injections for therapeutic purposes. For a more detailed discussion, ODG Guidelines are reviewed. ODG Guidelines also does not recommend facet intraarticular injections for therapeutic purposes. Facet joint injections are primarily recommended for diagnostic purposes and in this patient, diagnostic dorsal medial branch blocks were carried out with successful results. Intra-articular facet injection as requested is not indicated but RF ablation may be given the positive DMB block at these levels. MTUS Guidelines are silent. Recommendation is for denial.