

Case Number:	CM13-0051990		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2008
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Preventive Medicine, 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 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:

According to the records made available for review, this is a 40-year-old female with a 4/28/08 date of injury. At the time (10/17/13) of request for authorization for facet injection bilateral at L4-5 times 2 under fluoroscopy, there is documentation of subjective (low back pain and right buttock pain) and objective (tenderness to palpation over the lumbar spine, decreased and painful lumbar spine range of motion, and decreased reflexes in the right lower extremity) findings, current diagnoses (lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, and lumbar spondylosis), and treatment to date (lumbar epidural steroid injection, physical modalities, home exercise program, and medications). There is no documentation of low-back pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION BILATERAL AT L4-5 TIMES 2 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES: CHAPTER, LOW BACK, WEB EDITION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, MEDIAL BRANCH BLOCKS (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. In addition, ODG identifies that one set of medial branch blocks is recommended prior to a neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, and lumbar spondylosis. In addition, there is documentation of pain at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective findings (low back pain and right buttock pain), objective findings (decreased reflexes in the right lower extremity), and a diagnosis of lumbar spine radiculopathy, there is no documentation of low-back pain that is non-radicular. In addition, the requested facet injection bilateral at L4-5 times 2 under fluoroscopy exceeds guidelines (one set of medial branch blocks is recommended prior to a neurotomy). Therefore, based on guidelines and a review of the evidence, the request for facet injection bilateral at L4-5 times 2 under fluoroscopy is not medically necessary.