

Case Number:	CM13-0072425		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2012
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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:

The injured worker is a 55year old male with date of injury 2/14/12 and with related low back pain rated at 7/10. The pain radiates into his bilateral lower extremities. He experiences increased pain with prolonged standing, sitting, and walking. Per 12/10/13 progress report, the injured worker had improved range of motion of the lumbar spine with facet injections in the past. He has been diagnosed with lumbosacral injury, superimposed on advanced spondylosis/degenerative disc disease/stenosis lumbar spine; lumbar spine with a 6cm mass of right kidney, suspicious for renal cell carcinoma, marrow signal abnormality within vertebral body of L3, metastatic disease to be excluded, marrow edema and wedging of vertebral body of L4, may also be secondary to bony metastatic disease; status post resection of right kidney 10/2012; intervertebral disc degeneration at L2-L3 and L3-L4; L3-L4 .9cm disc extrusion; L4-L5 4-5mm disc protrusion, disc protrusion present with disc annulus, consistent with annular tear; L5-S1 facet hypertrophy, 4mm disc protrusion, and moderate facet hypertrophy; L2-L3 4-5mm disc protrusion, per MRI 6/27/12; lumbar radiculopathy with bilateral chronic nerve root irritation at L4-L5, per EMG/NCV on 2/26/13. Treatment to date has included lumbar epidural steroid injection, medication management, acupuncture, and physical therapy. The date of UR decision was 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTIONS AT LEVELS L3/4, L4/5, AND L5/S1 USING FLUOROSCOPY GUIDANCE AND DEPOMEDROL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK CHAPTER.

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, FACET JOINT INTRA-ARTICULAR INJECTIONS (THERAPEUTIC BLOCKS).

Decision rationale: With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "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." Review of the submitted medical records indicate that the injured worker has experienced symptoms of sciatica, additionally, this request is for 3 joint levels, and the ODG supports only 2 joint levels to be blocked at any one time. The request is not medically necessary.