MAXIMUS Federal Services

Case Number:	CM14-0006389		
Date Assigned:	02/05/2014	Date of Injury:	01/28/1998
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 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 patient is a 56-year-old male who has submitted a claim for chronic pain syndrome and degeneration of intervertebral disc site unspecified associated with an industrial injury date of January 28, 1998. The patient complains of worsening, non radicular low back pain. He was unable to wean down his oral pain medications due to increased pain with lower doses and decreased activity due to flare up of his back pain. Physical examination of the lumbar spine showed tenderness over L3-L4, L4-5 and L5-S1, decreased range of motion, and a negative straight leg raise test. The diagnoses include chronic pain syndrome, disc degeneration NOS, lumbago, lumbar post laminectomy syndrome, neurotic depression and insomnia NEC. MRI of the lumbar spine done on January 24, 2011 revealed an L3-L4 disc desiccation with small concentric disc bulge and facet hypertrophy resulting in neural foraminal narrowing, greater at the right than the left, and lateral recess stenosis; and L4-L5 osteophytic ridging with mild neural foraminal narrowing without central canal stenosis. Treatment plan includes a request for for lumbar facet injection with fluoroscopy and sedation at the left L3-L4, L4-L5 and L5-S1 levels. Treatment to date has included oral and topical analgesics and epidural injections. Utilization review from January 6, 2014 modified the request for outpatient lumbar facet joint injections with fluoroscopy and sedation at left L3-4, L4-5, L5-S1 levels to lumbar facet injections with fluoroscopy and no sedation at left L3-4 and L4-5, followed in one week also without sedation at left L5-S1. The guideline recommends no more than two joint levels are injected in one session. Opioids should also not be given as a sedative during the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR FACET JOINT INJECTIONS UNDER FLUOROSCOPY AND SEDATION AT L3-4,L4-5,L5-S1 LEVELS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 diagnostic blocks (injections)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Low Back Chapter was used instead. ODG states the criteria for the use of diagnostic blocks for facet mediated pain. These include the following: limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; no more than 2 facet joint levels are injected in one session; opioids should not be given as a sedative during the procedure; use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block; and this should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the request includes 3 joint levels for injection with the patient under sedation. There was also no objective evidence of failure of conservative treatment. Three-facet joint levels of injection in one session is not recommended. The guideline criteria were not met. Therefore, the request for OUTPATIENT LUMBAR FACET JOINT INJECTIONS UNDER FLUOROSCOPY AND SEDATION AT L3-4, L4-5, L5-S1 LEVELS is not medically necessary.