

Case Number:	CM14-0010765		
Date Assigned:	02/21/2014	Date of Injury:	04/08/2010
Decision Date:	09/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesia, has a subspecialty in Anesthesia & Pain 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:

This is a 33 year old male injured worker with a date of injury of 4/8/10 with related back pain. Per a progress report dated 1/8/14, he complained of persistent moderate-severe pain in the low back that was described as sharp, shooting, stabbing, and throbbing with numbness. Per physical exam, it was noted that he was very tender to palpation paraspinally bilaterally. The injured worker had facet injections on 12/11/13 which resulted in 50% relief of pain lasting 3 days, however, he was not able to move any better for fear of re-injury, so it was noted there was no functional improvement. At the time of evaluation 4 weeks later, he reported 30% relief. An MRI of the lumbar spine (date unknown) revealed central canal stenosis at the L4-L5 level. Treatment to date has included physical therapy, injections, and medication management. The date of UR decision was 1/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION LUMBAR LEFT L3-4, 4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines.

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, the 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." As the request is for more than 2 joint levels, and an MRI indicates spinal stenosis, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.