

Case Number:	CM14-0011992		
Date Assigned:	02/21/2014	Date of Injury:	05/10/2013
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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:

The patient is a 45 year old male injured worker with date of injury 5/10/13 with related low back pain. Per 12/30/13 progress report, the injured worker had facet joint injections performed which resulted in more than 70% to 80% improvement in his symptoms, he reported that he was able to do his ADLs better and he was also able to exercise. Lately he had been noticing some flaring up of the pain. He rated his pain to be 3/10 to 5/10 with no new radiation, numbness/tingling sensation or problems controlling his bowel or bladder. It is noted that MRI of the lumbar spine was taken, however it is not available for review. The documentation does not state whether physical therapy was utilized. He has been treated with chiropractic therapy, acupuncture, and medication management. The date of UR decision was 1/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5, L5-S1 FACET BLOCK INJECTION UNDER FLUOROSCOPY X2:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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: The California MTUS is silent on the specifics lumbar facet injections. 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: No more than one therapeutic intra-articular block is recommended; There should be no evidence of radicular pain, spinal stenosis, or previous fusion; 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); No more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." Per 12/30/13 progress report, the injured worker had facet joint injections performed which resulted in more than 70% to 80% improvement in his symptoms for at least 12 weeks. He reported that he was able to do his ADLs better and he was also able to exercise. As the injured worker has had success with this procedure, the guidelines recommend proceeding to a medial branch diagnostic block and subsequent neurotomy. The request is medically necessary.