

Case Number:	CM14-0013106		
Date Assigned:	02/28/2014	Date of Injury:	08/01/2012
Decision Date:	07/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 45-year-old female who has submitted a claim for low back pain and facet arthropathy associated with an industrial injury date of August 1, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, rated 6/10, with no radiation or numbness or tingling sensation. She also denied bowel and bladder problems. On physical examination, gait was antalgic. No sensorimotor deficits were noted. Reflexes were 1+ in the lower extremities. Straight leg raise test revealed tightness in the back. There was lumbosacral paraspinal muscle spasm with tenderness over the right lower lumbosacral facet joint. There was also limitation of back range of motion. Treatment to date has included medications, chiropractic care, home exercise program, right L4-5 medial branch block, and right L4-5 and L5-S1 facet joint injections (May 31, 2013). The guidelines do not recommend facet blocks prior to neurotomy and the guidelines indicate that a medial branch block be performed prior to a neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 FACET BLOCK INJECTION UNDER FLUOROSCOPY, QTY: 1.00:

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 Intraarticular Injections (Therapeutic Blocks).

Decision rationale: The California MTUS does not specifically address facet joint injections for chronic low back pain. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that facet joint intraarticular injections are under study. Criteria for use of therapeutic intraarticular blocks include (1) no more than one therapeutic intraarticular block is recommended; (2) no evidence of radicular pain, spinal stenosis, or previous fusion; (3) if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; (4) no more than 2 joint levels may be blocked at any one time; and (5) there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, the request for repeat facet injections was made because the patient previously had facet injections which were both diagnostic and therapeutic and provided better pain relief than medial branch block. The requesting physician further states that if the patient had good pain relief with facet injections, then the plan was to do a subsequent radiofrequency ablation. However, guidelines recommend that medial branch blocks, not facet injections, are to be performed prior to radiofrequency ablation. Furthermore, as stated above, the recommendation is to proceed to a medial branch block after successful facet injections. The medical records showed that the patient already had inadequate response to prior medial branch blocks. Performing repeat facet injections would not alter the treatment course for this patient. Therefore, the request for the right L4-L5 facet block injection under fluoroscopy, is not medically necessary.

RIGHT L5-S1 FACET BLOCK INJECTION UNDER FLUOROSCOPY, QTY: 1.00:
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 Intraarticular Injections (Therapeutic Blocks).

Decision rationale: The California MTUS does not specifically address facet joint injections for chronic low back pain. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that facet joint intraarticular injections are under study. Criteria for use of therapeutic intraarticular blocks include (1) no more than one therapeutic intraarticular block is recommended; (2) no evidence of radicular pain, spinal stenosis, or previous fusion; (3) if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; (4) no more than 2 joint levels may be blocked at any one time; and (5) there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, the request for repeat facet injections was made because the patient previously had facet injections which were both diagnostic and

therapeutic and provided better pain relief than medial branch block. The requesting physician further states that if the patient had good pain relief with facet injections, then the plan was to do a subsequent radiofrequency ablation. However, guidelines recommend that medial branch blocks, not facet injections, are to be performed prior to radiofrequency ablation. Furthermore, as stated above, the recommendation is to proceed to a medial branch block after successful facet injections. The medical records showed that the patient already had inadequate response to prior medial branch blocks. Performing repeat facet injections would not alter the treatment course for this patient. Therefore, the request for right L5-S1 facet block injection under fluoroscopy, is not medically necessary.