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| Case Number: | CM14-0137274 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 11/02/2010 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old male, who reported an injury on 11/02/2010. The mechanism of injury was lifting. He is diagnosed with lumbar facet syndrome. His previous treatments were noted to include physical therapy, medication, epidural steroid injection, and facet joint injection. On 07/22/2014, the injured worker was seen for followup for his severe lumbago. It was noted that he had been given lumbar facet injections at L4-5 and L5-S1 approximately 2 years earlier and he had done "quite well for a period of 2 years" after those injections. His physical examination revealed severe pain overlying the facet joints of L4-5 and L5-S1 with extension to 10 degrees. The treatment plan included lumbar facet injection L4-5, L5-S1 under fluoroscopic guidance. A clear rationale for the requested injection was not specified and the Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection L4--5, L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Low Back Procedure Summary (updated 7/3/14)

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: According to the California MTUS/ACOEM Guidelines, invasive techniques including facet joint injections are of questionable merit. However, many pain physicians believe in the therapeutic and diagnostic value of injections. More specifically, the Official Disability Guidelines state that no more than 1 therapeutic intra-articular facet block is recommended, as when these are successful, the recommendation is to proceed with medial branch diagnostic blocks and subsequent neurotomy. In addition, there should be a formal plan of additional evidence based therapeutic activity and/or exercise in addition to facet joint therapy. The clinical information submitted for review indicates that the injured worker had previous facet joint injections at the requested levels approximately 2 years earlier, which had provided benefit. Therefore, as the Guidelines only recommend 1 therapeutic intra-articular block and as repeat blocks are not supported, the request is not supported. In addition, the documentation did not indicate that the recommended facet joint injection therapy was to be provided adjunctively with a formal plan of additional evidence based activity and exercise, as required by the Guidelines. For the reasons noted above, the request is not medically necessary.