

Case Number:	CM14-0146166		
Date Assigned:	09/12/2014	Date of Injury:	08/11/2012
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 47-year-old male who sustained an injury on 08/11/12. As per the report of 07/28/14, he complained of band-like low back pain rated at 2-3/10. He indicated with any extension of the lumbar spine, the pain immediately jumped to 3/10. Pain was reduced by lumbar facet steroid injection and pills. Exam of the T-spine revealed increased tone in the bilateral thoracic paravertebral muscles. Exam of the L-spine revealed increased tone in the lumbar paraspinous muscles without trigger points noted. Undated diagnostic studies reviewed on 07/28/14 revealed disc bulge with neural foraminal stenosis bilaterally associated with facet arthropathy at L3-L4. There was also facet disease in combination with a disc bulge at L4-L5 resulting in mild-to-moderate neural foraminal stenosis. At L5-S1, there was moderate facet arthropathy combined with a 2 mm disc bulge resulting in mild neural foraminal narrowing, right greater than left. Current medications include Relafen and Norco. Past treatments have included home PT, NSAIDs and muscle relaxants. Two ESIs were performed on 01/08/13 and 05/14/13 at the L3-4 and L4-5 without significant benefit. He had benefited from an L4 through S1 bilateral facet joint steroid injection performed on 02/14/14. Diagnoses include low back pain, history of lumbosacral radiculopathy, lumbar facet arthropathy, and myofascial dysfunction. The request for lumbar facet steroid injection bilateral L4-L5 & L5-S1 was denied on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar facet steroid injection bilateral L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14); Facet joint intra-articular injections (therapeutic blocks); Criteria for use of therapeutic intra-articular and medial branch blocks.

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 pain, Lumbar facet injection.

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : 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), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document the injured worker has had evidence of radiculopathy and received ESI. There is no documentation of trial and failure of conservative treatments or plan for rehabilitation. There is no documentation of at least 50% pain relief lasting for 6 weeks with prior injections. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.