

Case Number:	CM14-0178474		
Date Assigned:	10/31/2014	Date of Injury:	03/04/2011
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 39-year-old female with complaints of neck and low back pain. The date of injury is 03/04/11 and the mechanism of injury was while catching a falling patient she suffered an injury to her neck and back. At the time of request for L4-5 bilateral facet joint injection, there is subjective (low back pain with associated leg pain and neck pain), objective (Exam of L-spine showed tenderness of the supraspinatus ligament and the iliolumbar region bilaterally and ROM lateral flexion 15 degrees bilaterally, and flexion 50 degrees, extension 10 degrees and pain with motion.) findings, imaging/other findings (L-spine MRI dated 10/29/12 showed 5 mm broad based, left greater than right, disc protrusion with bilateral foraminal stenosis. L-spine x-ray dated 10/07/14 showed stable appearance of anterior fusion and posterolateral stabilization at L5-S1 and unchanged mild loss of disc height at L5-S1. EMG/NCV dated 07/15/14 was within normal limits.), surgery (L4-5 laminotomy with L4-5 disc excision dated 12/06/02 and 360 degrees L4-5 stabilization and fusion dated 09/06/13), current medications (Percocet, Soma and ibuprofen per report dated 04/07/14), diagnoses (brachial neuritis, disorder of trunk, cervicalgia, spinal stenosis of lumbar region L4-5 with neurogenic claudication.), and treatment to date (TENS unit, ESI, PT with response, Lidoderm patch and transforaminal lumbar epidural steroids in 2002, 2008, 2009, 2011 and 2012). The request for L4-5 bilateral facet joint injection was denied on 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 bilateral facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Facet joint diagnostic blocks (injections) Criteria for the use of diagnostic blocks for fact "mediated" pain

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-Lumbar&Thoracic(Acute&Chronic), Lumbar facet injection

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of intra-articular and medial branch blocks if used anyway (for diagnostic injection): 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 facet blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one facet 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 request for therapeutic facet joint injections are not supported and therefore not medically necessary.