

Case Number:	CM14-0025901		
Date Assigned:	06/13/2014	Date of Injury:	04/08/2002
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & 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:

According to the records made available for review, this is a 50-year-old female with a 4/8/02 date of injury, status post decompression and lumbar fusion L3, L4, L5 11/14/06. At the time (2/25/14) of request for authorization for Bilateral Therapeutic L2 Facet Joint Injection and Bilateral Therapeutic L3, L5, S1 Facet Joint Injection, there is documentation of subjective (5/10 pain across lumbar spine radiating into both lower extremities left greater than right) and objective (severe tenderness present in bilateral upper lumbar paraspinal muscles, bilateral lower lumbar paraspinal muscles, lumbar extension moderately decreased, and positive Kemps test bilaterally) findings, current diagnoses (lumbosacral spondylosis without myelopathy), and treatment to date (medications and L5-S1 facet injection 5/17/13 with 40% relief for two weeks). In addition, medical report plan identifies facet joint injection bilateral L2/3 and bilateral L5/S1. Regarding Bilateral Therapeutic L2 Facet Joint, there is no documentation of pain that is non-radicular and failure of additional conservative treatment. Regarding Bilateral Therapeutic L3, L5, S1 Facet Joint Injection, there is no documentation of pain that is non-radicular and initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL THERAPEUTIC L2 FACET JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 607.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, Physical Therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy. In addition, there is a plan for facet joint injection bilateral L2/3 and bilateral L5/S1. Furthermore, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (medications) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of subjective (pain across lumbar spine radiating into both lower extremities left greater than right) findings, there is no documentation of pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (home exercise and Physical Therapy). Therefore, based on guidelines and a review of the evidence, the request for Bilateral Therapeutic L2 Facet Joint Injection is not medically necessary.

BILATERAL THERAPEUTIC L3, L5, S1 FACET JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 607.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. ODG identifies that 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). Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy. In addition, there is a plan for facet joint injection bilateral L2/3 and bilateral L5/S1. However, given documentation of subjective (pain across lumbar spine radiating into both lower extremities left greater than right) findings, there is no documentation of pain that is non-radicular. In addition, given documentation of 40% relief for 2 weeks with bilateral L5-S1 facet injection, there is no documentation of initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Bilateral Therapeutic L3, L5 and S1 Facet Joint Injection is not medically necessary.

