

Case Number:	CM14-0040374		
Date Assigned:	06/27/2014	Date of Injury:	06/08/2010
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Management, 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 46-year-old male with a 6/8/10 date of injury, and status post lumbar decompression and fusion L5-S1 12/4/12. At the time (3/10/14) of request for authorization for Lumbar spine facet injections; L2-5, there is documentation of subjective (discomfort in low back) and objective (straight leg raising mildly positive for back pain, negative for leg pain, sensation intact to touch and pinprick in all dermatomes in bilateral lower extremities, 5/5 motor strength of quadriceps, ankle dorsiflexors, plantar flexors, and great toe extensors bilaterally) findings, current diagnoses (status post lumbar fusion with degenerative changes at levels above), or treatment to date (surgery, medications (including Celebrex), physical therapy, home exercise program, and activity modifications). There is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine facet injections; L2-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines lumbar spine.

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: The California MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The 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 PT), and non-steroidal anti-inflammatory drugs (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 a diagnosis of status post lumbar fusion with degenerative changes at levels above. In addition, there is documentation of low-back pain that is non-radicular and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of the requested Lumbar spine facet injections; L2-5, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on the guidelines and a review of the evidence, the request for Lumbar spine facet injections, L2-5, is not medically necessary.