

Case Number:	CM14-0053042		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2008
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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 patient is a 53-year-old male who has submitted a claim for Lumbosacral Spondylosis, Lumbar Spinal Stenosis without Claudication, Lumbar or Lumbosacral Disc Degeneration, and Thoracic or Lumbosacral Neuritis or Radiculitis associated with an industrial injury date of June 3, 2008. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, there was limitation in lumbar extension. There was tenderness over the the L4-5 and L5-S1 facet joints. MRI of the lumbar spine dated March 25, 2013 revealed status post laminectomy at L4-5 with enhancing epidural scar surrounding the thecal sac; broad-based circumferential disk/osteophytic complex creates mild bilateral neural foraminal narrowing but no central canal narrowing; and degenerative disk disease at L5-S1 without central canal or neural foraminal narrowing. Treatment to date has included medications, chiropractic care, psychotherapy, inferior L4 and superior L5 decompression with decompression at L4 and L5 nerve roots (June 5, 2009), bilateral L5 transforaminal epidural steroid injections, and facet injections. Utilization review from April 1, 2014 denied the request for BILATERAL L4-5, L5-S1 FACET INJECTION VIA FLURO UNDER MODERATE SEDATION WITH [REDACTED] AT [REDACTED] [REDACTED] because there was an insufficient documentation indicating repeat facet injection prior to proceeding with a radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5, L5-S1 FACET INJECTION VIA FLURO UNDER MODERATE SEDATION WITH [REDACTED] AT [REDACTED] :
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 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, Facet Joint Intraarticular Injections (Therapeutic Blocks).

Decision rationale: CA MTUS does not specifically address facet joint injections for chronic low back pain. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that facet joint intraarticular injections are under study. Criteria for use of therapeutic intraarticular blocks include (1) no more than one therapeutic intraarticular block is recommended; (2) no evidence of radicular pain, spinal stenosis, or previous fusion; (3) if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; (4) no more than 2 joint levels may be blocked at any one time; and (5) there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, an appeal dated April 9, 2014 stated that facet injections in the past have helped the patient more so than epidural injections. However, there was no documentation of objective evidence of functional gains. Furthermore, guidelines state that no more than one therapeutic intraarticular block is recommended and there was no rationale provided as to why a repeat facet block was necessary. Moreover, the patient was assessed to have lumbar spinal stenosis without claudication and lumbosacral neuritis or radiculitis, which are contraindications to facet blocks. The criteria were not met. Therefore, the request for BILATERAL L4-5, L5-S1 FACET INJECTION VIA FLURO UNDER MODERATE SEDATION WITH [REDACTED] AT [REDACTED] is not medically necessary.