

Case Number:	CM14-0077996		
Date Assigned:	07/18/2014	Date of Injury:	01/17/1996
Decision Date:	08/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 42-year-old female with a 1/17/96 date of injury. At the time (5/27/14) of request for authorization for 1 left L4-L5 & L5-S1 facet injection, there is documentation of subjective (low back pain in the areas of the L4-5 and L5-S1 facets, right sacroiliac joint pain, coccyx pain, and right leg numbness into the great toe) and objective (pain with palpation at the L4-5 and L5 facets, positive Faber test on the right and left, positive straight leg raise on the right, pain with palpation at the sacrococcygeal joint) findings, current diagnoses (lumbago, right sacroilitis, coccydynia, and right leg radiculopathy), and treatment to date (activity modification, medications (including naproxen), sacroiliac joint injection, and L4-5 and L5-S1 facet injections (DOS 2/9/13) (with reported 60% pain relief)). 11/27/13 medical report identified patient has undergone L4-5, L5-S1 bilateral facet injections and injection at the right sacroiliac joint, and patient stated that relief was as high as 60% for the back pain. 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 and an intention to proceed to a medial branch diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4-L5 & L5-S1 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM online

<https://www.acoempracguides.org/lowback>; summary of recommendations, low back disorders.

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/facet injection. 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 lumbago, right sacroilitis, coccydynia, and right leg radiculopathy. In addition, there is documentation of prior facet injections done 2/9/13 with reported 60% pain relief. However, 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 and an intention to proceed to a medial branch diagnostic block. Therefore, based on guidelines and a review of the evidence, the request for 1 left L4-L5 & L5-S1 facet injection is not medically necessary.