

Case Number:	CM14-0086763		
Date Assigned:	07/23/2014	Date of Injury:	04/11/2012
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 58-year-old male who reported an injury on 04/11/2012. The mechanism of injury was not provided with the documentation submitted for review. His diagnosis was noted to be lumbar/lumbosacral degenerative disc disease. Prior treatments were noted to be injections and medications. The injured worker was noted to have subjective complaints of low back pain. He described his pain as aching, heavy, throbbing, and gnawing. He described his pain intensity as moderate. The objective physical exam findings revealed tenderness in the paravertebral muscles of the lumbar spine from L4 to S1, more left than right. The injured worker had positive Kemp's for pain at L4-5 facets bilaterally. The injured worker's medications were noted to be aspirin, Cymbalta, ibuprofen, Lorazepam, and Percocet. The treatment plan was for medication and Percocet and a facet block. The rationale for the request was provided within the documentation. A request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Bilateral Facet Block with Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Facet joint diagnostic blocks (injections).

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 intra-articular injections (therapeutic blocks).

Decision rationale: The request for L4-5 bilateral facet block with fluoroscopy is not medically necessary. The Official Disability Guidelines provide indicators of pain related to facet joint pathology. These include tenderness to palpation in the paravertebral areas (over the facet region); normal sensory examination; absence of radicular findings, although pain may radiated below the knee; normal straight leg raise exam. The guidelines also indicate a prior block is successful (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). In spite of the overwhelming lack of evidence for long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The clinical documentation provided is not consistent with facet joint pain. The documentation fails to provide a plan for exercise post procedure. As such, the request for L4-5 bilateral facet block with fluoroscopy is not medically necessary.