

Case Number:	CM14-0169677		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2005
Decision Date:	01/02/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 Acupuncture & Pain 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:

64 year old female injured worker with injury date of 1/18/05, related low back pain. Per progress report dated 7/2/14, the injured worker reported ongoing low back pain which was unchanged since the last visit. She also reported hypertension as well as anxiety, depression, insomnia, nervousness and frustration resulting from the work-related trauma and stress. Per physical exam of the lumbar spine, palpation elicited tenderness and 3+ spasms of the paralumbar muscles bilaterally. MRI of the lumbar spine dated 6/13/14 revealed a mild broad left posterior lateral disc protrusion at L2-L3, mild disc bulge at L3-L4, post-surgical changes at L4-L5 with grade 1 spondylolisthesis at L4-L5 with L4 inferior facetectomy, and a minimal disc bulge at L5-S1 as well as an old compression fracture of the right superior portion of the L3 vertebral body. Treatment to date has included physical therapy and medication management. The date of UR decision was 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Facet Injections with Pain Management Physician: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If 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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement."The documentation states that the injured worker was treated with "physical therapy which was somewhat beneficial to her." Some response to some therapy (i.e. conservative) is not grounds to deny another therapy if the injured worker meets inclusion criteria and doesn't meet exclusion criteria. The request for L3-4 Facet Injections with Pain Management Physician is medically necessary.