

Case Number:	CM14-0193238		
Date Assigned:	12/01/2014	Date of Injury:	12/19/2005
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

This case involves a 56 year old male with date of injury 12/19/2005 and has had continues care with the treating physician. The patient's diagnosis includes post laminectomy syndrome with chronic low back pain radiating to the left leg. He takes chronic medications and participates in chiropractic care, which helps some. Per the records, the patient has had previous facet joint injections in lumbar region with improvement. In 10/31/2014 office visit notes, the treating physician supplies an explanation and discussion of the patient's need for facet blocks and included activities of daily living assessment with quantifiable improvements noted with medications. The records do not indicate activities of daily living assessment that compares abilities prior to previous injection and after previous injection as well as no objective assessment of functional improvement is documented after the previous facet injection. The treating physician requests bilateral L4-L5 Facet blocks with fluoroscopy. The treating physician requests bilateral L4-L5 Facet blocks with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L4-5 bilateral facet blocks with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 607-608,300.

Decision rationale: The MTUS Guidelines make only one statement about facet joint injections and describe them to be of "questionable merit." Per the ACOEM, therapeutic facet joint injections are not recommended for acute, subacute, or chronic low back pain, or non-specific back pain, or any radicular pain syndrome based on a lack of proven efficacy. One study suggests improved range of motion with facet joint injections, but this is not considered enough evidence to justify their use. The Guidelines further state that the only studies of facet joint injections available are small and of low quality so do not establish efficacy. Though the patient did receive some relief of pain from the previous facet injections, the records do not indicate any improvement in function related to injections. The recommendations of the orthopedic surgeon indicate that the patient may require facet joint injections, epidural steroid injections or radiofrequency treatments, or additional fusion. Therefore, recommendations appear that this patient has had epidural steroid injection without relief and is not a candidate for radiofrequency because of his pacemaker. Based on the guidelines and the lack of evidence of improved function, this request is not medically necessary.