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| Case Number: | CM14-0195664 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 01/15/2008 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in North Carolina. 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 is a 59 year old female with a work related lower back and buttock injury dated 01/15/2008 after a fall and an additional back injury on 12/01/2010 after a second fall. According to a primary physician's progress report dated 10/15/2014, the injured worker presented with complaints of increased stiffness with muscle knots down the right side of her back as well as pain in the low back, buttock, and right thigh. Diagnoses included asymmetric disc collapse at L4-5 with lateral listhesis of L4 on L5, significant disc height loss at L5-S1, neural foraminal narrowing at L4-5 and L5-S1, and facet arthropathy. Treatments have consisted of medications, physical and chiropractic therapies, and spinal injections, which she states she gets almost total relief of pain, which results in significantly improved mobility and function. Diagnostic testing included lumbar spine x-ray dated 03/14/2011 which showed grade I degenerative spondylolisthesis at L4-5 and lumbar spine MRI dated 09/17/2014 which showed multilevel degenerative changes caused by somewhat large disc bulges at L3-4 and L4-5 combined with facet and ligamentum flavum hypertrophy and neural foraminal stenosis is most noted at L3-4, L4-5, and L5-S1. According to a primary physician's progress report dated 06/25/2014, work status is noted as permanent and stationary. On 10/28/2014, the Utilization Review denied the request for Injection Medial Branch Block (MBB) L4, L5, and S1 Bilateral citing Official Disability Guidelines. The Utilization Review physician stated that facet blocks are not recommended for therapeutic purposes, just diagnostic. The injured worker has had facet blocks in the past with good results and the next step would be radiofrequency ablation, not more medial branch blocks. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection MBB L4, L5 and S1 Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS 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 intra-articular injections (therapeutic blocks)

Decision rationale: The request for injection MBB L4, L5, and S1 bilateral is not medically necessary. The California MTUS/ACOEM Guidelines indicate that invasive techniques, such as local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. The Official Disability Guidelines further indicate, in detail, criteria for use of therapeutic intra-articular and medial branch blocks. The criteria are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint therapy. If successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. During the assessment on 12/02/2014, the injured worker complained of ongoing pain in the neck, upper back, mid back, and bilateral low back that referred into the buttocks and left hip. The MRI of the lumbar spine, performed on 09/17/2014, was noted to reveal neural foraminal stenosis at L3-4, L4-5, and L5-S1. There was no clinical documentation provided that included a formal plan of rehabilitation, such as physical therapy, or a failure of conservative treatment prior to the request. Furthermore, the MRI performed on 09/17/2014 revealed neural foraminal stenosis at level requested, and the guidelines state that facet joint injections are not supported if there is evidence of spinal stenosis or evidence of radicular pain. Given the above, the request is not medically necessary.