

Case Number:	CM14-0199204		
Date Assigned:	12/09/2014	Date of Injury:	06/17/2011
Decision Date:	01/22/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab 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:

This is a 61 year old female who suffered an industrial related injury on 6/17/11. The treating physician's report dated 4/25/14 noted the injured worker had complaints of pain in the bilateral legs, bilateral buttocks, bilateral hips, and bilateral low back. The injured worker was taking Morphine, Norco, Ambien, Clonazepam, and Bupropion HCL ER. The diagnoses included chronic pain syndrome, lumbar back pain with radiculopathy, degenerative disc disease of the lumbar spine, scoliosis, depression, anxiety, and chronic insomnia. A physician's report dated 9/30/14 noted the injured worker had experienced no change in pain control and no change in prescriptions. The physical examination revealed the injured worker sits forward in a chair due to back pain, transfers slowly, and has decreased range of motion in the torso. The treating physician recommended bilateral L4-S1 facet injections. An MRI done in August 2013 was noted to show degenerative disc disease and facet arthropathy. On 11/3/14 the utilization review (UR) physician denied the request for lumbar facet joint injections at L4-L5 with fluoroscopic guidance and sedation. The UR physician noted the Medical Treatment Utilization Schedule guidelines state invasive techniques such as facet injections of cortisone and lidocaine are of questionable merit. Thus the guidelines do not support an indication for facet injections. The UR physician goes on to say the medical records outline radicular symptoms and it is not clear that this injured worker has a clinical condition consistent with facet-mediated disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injections at L4-L5 with fluoroscopic guidance and sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Medial Branch Blocks (MBBs)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of Chronic pain syndrome, lumbar degenerative disk disease, and lumbar pain with radiculopathy. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of subjective (low back pain) findings, and given documentation of diagnoses including radiculopathy, there is no documentation of non-radicular facet mediated pain. In addition, there is no documentation of failure of additional conservative treatment (physical therapy). Therefore, based on guidelines and a review of the evidence, the request for Bilateral lumbar facet joint injections at L4-L5 with fluoroscopic guidance and sedation is not medically necessary.