

Case Number:	CM14-0201807		
Date Assigned:	12/12/2014	Date of Injury:	09/15/2009
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a year 59 old female with a work injury dated 9/15/09. The diagnoses include lumbosacral disc displacement, degeneration of the lumbar disc. Under consideration is a request for bilateral L4-L5, L5-S1 (second level) lumbar facet joint injection under fluoroscopic guidance and IV sedation. Per utilization treatment review request the patient had an industrial injury to her lumbar spine on 09/15/09. She stated that on the date of injury, she slipped on water on the floor at work. She was able to catch herself, but she was in severe pain. She reported this incident and went to the ER. Prior to this injury, she had a lumbar facet injection on 06/30/09, which provided greater than 50% pain relief. She continued to have significant pain relief up until this injury, when she slipped on water at work which caused a flare-up of pain. She was treated with intra-articular lumbar facet injections on 02/09/10 which provided her significant pain relief for almost 2 years. She later had an increase in pain only after about 2 years and she was treated with the injections again on 09/04/12. This had also provided a significant pain relief and improvement in function. The pain gradually came back and she currently has significant back pain very similar to what she has had in the past. Currently, the patient states that her pain level is 8 on a scale of 1-10 with 10 being the worst. Her pain is located at the bilateral lower lumbar spine. She has pain in her low back with radiation to the left buttock. The pain is made worse by bending, picking up things, sitting, twisting. Laying down makes the pain better. The patient complains of pain in her left leg. The pain radiates to the left leg. She experiences daily cycles of pain. The pain is characterized as aching, intermittent, numb, sharp and tingling. She had normal spinal curvatures without any scoliosis. Flexion was limited to 45 degrees. Extension was nil. Loading of the lumbar facets showed pain in the lower part of the lumbar spine at L4-L5 and L5-S 1 bilaterally. Sensory and motor examination in the lower extremities was non-focal.

Lumbar MRI dated 5/12/08 read 1. Grade I spondylolisthesis of L5 relative to S 1 with bilateral L5 spondylolysis. The spondylolisthesis results in mild bilateral up-down foraminal stenosis, but there is no evidence of associated nerve root impingement. 2. The L2-3 level reveals a 3 mm right posterior/intraforaminal disc protrusion and a 3mm left intraforaminal disc protrusion with moderate bilateral foraminal stenosis. There is possible impingement upon the exiting right L2 nerve root and clinical correlation is recommended. 3. L1-2 level reveals a 2-3 mm posterior disc bulge with mild bilateral foraminal stenosis. 4. L4-5 level reveals a 2-3 mm right intraforaminal disc protrusion that contributes to mild to moderate right foraminal stenosis. This disc protrusion abuts the exiting right L4 nerve root. 5. Also noted at T 10-11 level is a 3 mm diffuse posterior disc bulge that contributes to moderate bilateral foraminal stenosis. 6. Moderate degeneration of the L1-2 and L2-3 discs with degenerative loss of disc height and Schmorl's node formation involving the superior endplate of the L2 and L3 vertebral body, respectively. Please note that the patient has had three intra-articular lumbar facet injections till date. The first one being on 06/30/09, the second one on 02/09/10 and the third and the most recent one on 09/14/12. The facet injections have lasted between 9 months to 2 years. The first one lasted 9 months, the second one lasted 2 years and the third one has lasted 1 year. She notes that she had more than 50 % pain relief with the first intra-articular lumbar facet injection and almost a 100% pain relief with the second injection and greater than 75% pain relief with the third. The degree of pain relief has been near complete with these facet injections and the patient has been able to continue working and has had significant improvement in her ability to conduct activities of daily living as well. Functionally, she was able to walk on flat terrain. She was able to ambulate for approximately one hour with intermittent rest, stand longer without pain, she was able to do more sitting and change positions without pain because of the intraarticular lumbar facet injections. The facet injections also allowed her to use less pain medications. Since the patient has responded so well to lumbar facet injections in the past, at this point, the most rational option is to proceed with an intraarticular lumbar facet injection at L4-L5 and L5-S1 bilaterally. This procedure will allow her to have approximately a year of pain relief with improvability in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 (second level) lumbar facet joint injection under fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary (updated 8/22/14) / Pain Procedure Summary (updated 10/2/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)- Facet joint medial branch blocks (therapeutic injections); Facet joint pain, signs & symptoms.

Decision rationale: Bilateral L4-L5, L5-S1 (second level) lumbar facet joint injection under fluoroscopic guidance and IV sedation is not medically necessary per the MTUS ACOEM and the ODG. The MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation indicates that the patient has had prior facet blocks with relief therefore there is no clear indication to do these again as these injections are not meant to be therapeutic, but instead used as a diagnostic tool. The guidelines do not recommend therapeutic facet injections. Additionally the patient's symptoms of tingling imply that the symptoms are not pure facetogenic. The request for bilateral L4-5,L5-S1 (second level) lumbar facet joint injection under fluoroscopic guidance and IV sedation are not medically necessary.