

Case Number:	CM14-0209470		
Date Assigned:	12/22/2014	Date of Injury:	03/30/2010
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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 Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 3/10/14 date of injury. At the time (11/6/14) of request for authorization for Bilateral lumbar facet injection (MBB) under fluoroscopy at L3-L4 and L4-L5 with anesthesia, there is documentation of subjective (low back pain radiating to bilateral buttocks and groin) and objective (bilateral paraspinal muscle spasms at L3-4 and L4-5 levels, tenderness over the L3-4 and L4-5 facets, and limited range of motion with pain) findings, current diagnoses (lumbar spondylosis without myelopathy, bilateral lumbar facet disease, and mechanical low back pain), and treatment to date (medications, physical therapy, epidural steroid injection, and previous L3-5 facet injection (10/21/14)). Medical reports identify that previous facet injection provided 80% pain relief for 1 day; and that there is no lumbar radiculopathy. There is no documentation of pain relief of at least 50% for at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injection (MBB) under fluoroscopy at L3-L4 and L4-L5 with anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks

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, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. Official Disability Guidelines identifies that 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). Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, bilateral lumbar facet disease, and mechanical low back pain. However, despite documentation that previous facet injection provided 80% pain relief for 1 day, there is no documentation of pain relief of at least 50% for at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy). Therefore, based on guidelines and a review of the evidence, the request for bilateral lumbar facet injection (MBB) under fluoroscopy at L3-L4 and L4-L5 with anesthesia is not medically necessary.