

Case Number:	CM14-0216922		
Date Assigned:	01/21/2015	Date of Injury:	11/28/2013
Decision Date:	09/01/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 34 year old female with an industrial injury dated 11-28-2013. The injured worker's diagnoses include chronic pain syndrome, lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment consisted of diagnostic studies, prescribed medications, acupuncture treatment, and periodic follow up visits. In a progress note dated 11-21-2014, the injured worker reported lower back pain. The injured worker rated pain a 5 out of 10. Objective findings revealed restricted range of motion limited by pain and positive lumbar facet loading on left side. The treatment plan consisted of acupuncture, facet joint injection and continued ice, heat, exercise and medication. The treating physician prescribed services for left L3-4, L4-5, L5-S1 facet joint injection, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5, L5-S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).

Decision rationale: According to ODG guidelines, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. Although left lumbar facets seems to be the main pain generator, the ODG guidelines did not support multiple facet injection for back pain in this context. "No more than 2 joint levels may be blocked at any one time". There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. The provider is requesting injection of left L3-S1 facet injection which is not approved by the guidelines. Therefore, Left L3-4, L4-5, L5-S1 facet joint injection is not medically necessary.