

Case Number:	CM15-0003943		
Date Assigned:	01/15/2015	Date of Injury:	05/05/2011
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 5/5/2011. There was no mechanism of injury documented. She has reported low back pain. The diagnoses have included lumbar spondylosis, myofascial pain syndrome, and cervical spondylosis. Treatment to date was not documented but current medication for pain was lidoderm patch topical daily. Currently, per the PR2 of the primary treating physician dated 12/16/14, the injured worker complains of significant worsening of the low back pain, depression and insomnia. The physical exam revealed tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The pain was worse with extension and lateral twisting and better with slight forward bending. The physician recommended a series of 2 lumbar median branch nerve injections to confirm diagnosis of lumbar facet arthropathy and potentially relieve the pain due to this condition, with plan for re-evaluation will be done after each injection. Work status is totally temporary disabled until 1/15/15. On 12/29/14 Utilization Review non-certified a request for Right L4-5 median branch nerve (facet joints) injections under IV sedation, Left L4-L5 median branch nerve (facet joints) injections under IV sedation, Right L5-S1 median branch nerve (facet joints) injections under IV sedation and Left L5-S1 median branch nerve (facet joints) injections under IV sedation, noting that the clinical information does not document the failure of conservative treatment prior to the procedure for at least 4-6 weeks. The MTUS, ACOEM Guidelines, and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 median branch nerve (facet joints) injections under 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 (ODG), Low Back. Facet injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation low back chapter: facet joint injections

Decision rationale: The injured worker had diagnoses of lumbar spondylosis and myofascial pain syndrome. Examination showed tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The physician documented that the lumbar facets were major pain generators for the injured worker's axial lower back pain, and lumbar median branch nerve injections were requested to help confirm the diagnosis of lumbar facet arthropathy and potentially relieve pain due to this condition. Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory (NSAID) medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In addition, the ODG notes that the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The documentation submitted did not include discussion of prior treatments utilized; there was no documentation of use and failure of conservative measures including use of physical therapy, home exercise, or NSAID medication. The request notes the injections would be performed under intravenous sedation, which as noted above may negate the results of a diagnostic block; in addition, there was no documentation of anxiety. For these reasons, the request for Right L4-5 median branch nerve (facet joints) injections under IV sedation is not medically necessary.

Left L4-L5 median branch nerve (facet joints) injections under 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 (ODG), Low Back, Facet injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation low back chapter: facet joint injections

Decision rationale: The injured worker had diagnoses of lumbar spondylosis and myofascial pain syndrome. Examination showed tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The physician documented that the lumbar facets were major pain generators for the

injured worker's axial lower back pain, and lumbar median branch nerve injections were requested to help confirm the diagnosis of lumbar facet arthropathy and potentially relieve pain due to this condition. Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory (NSAID) medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In addition, the ODG notes that the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The documentation submitted did not include discussion of prior treatments utilized; there was no documentation of use and failure of conservative measures including use of physical therapy, home exercise, or NSAID medication. The request notes the injections would be performed under intravenous sedation, which as noted above may negate the results of a diagnostic block; in addition, there was no documentation of anxiety. For these reasons, the request for Left L4-L5 median branch nerve (facet joints) injections under IV sedation is not medically necessary.

Right L5-S1 median branch nerve (facet joints) injections under 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 (ODG), Low Back, Facet Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 309. Decision based on Non-MTUS Citation low back chapter: facet joint injections

Decision rationale: The injured worker had diagnoses of lumbar spondylosis and myofascial pain syndrome. Examination showed tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The physician documented that the lumbar facets were major pain generators for the injured worker's axial lower back pain, and lumbar median branch nerve injections were requested to help confirm the diagnosis of lumbar facet arthropathy and potentially relieve pain due to this condition. Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory (NSAID) medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In addition, the ODG notes that the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The documentation submitted did not include discussion of prior treatments utilized; there was no

documentation of use and failure of conservative measures including use of physical therapy, home exercise, or NSAID medication. The request notes the injections would be performed under intravenous sedation, which as noted above may negate the results of a diagnostic block; in addition, there was no documentation of anxiety. For these reasons, the request for Right L5-S1 median branch nerve (facet joints) injections under IV sedation is not medically necessary.

Left L5-S1 median branch nerve (facet joints) injections under 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 (ODG), Low Back, Facet Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 309. Decision based on Non-MTUS Citation low back chapter: facet joint injections

Decision rationale: The injured worker had diagnoses of lumbar spondylosis and myofascial pain syndrome. Examination showed tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The physician documented that the lumbar facets were major pain generators for the injured worker's axial lower back pain, and lumbar median branch nerve injections were requested to help confirm the diagnosis of lumbar facet arthropathy and potentially relieve pain due to this condition. Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory (NSAID) medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. In addition, the ODG notes that the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. The documentation submitted did not include discussion of prior treatments utilized; there was no documentation of use and failure of conservative measures including use of physical therapy, home exercise, or NSAID medication. The request notes the injections would be performed under intravenous sedation, which as noted above may negate the results of a diagnostic block; in addition, there was no documentation of anxiety. For these reasons, the request for Left L5-S1 median branch nerve (facet joints) injections under IV sedation is not medically necessary.