

Case Number:	CM15-0008858		
Date Assigned:	01/26/2015	Date of Injury:	12/26/2007
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male with a reported date of injury on 12/26/2007. The mechanism of injury reportedly occurred when the injured worker was riding in a car with his partner, when his partner hit a curb, throwing the injured worker straight up in the air and jerking his neck. The injured worker was diagnosed with lumbar degenerative disc disease, low back pain, myalgia, and lumbar facet joint pain. The injured worker was previously treated with an H-wave unit, trigger point injections, physical therapy, a TENS unit, epidural steroid injections, chiropractic treatment, and facet injections. Diagnostic studies included MRIs of the lumbar, cervical, and thoracic spine, as well as electrodiagnostic testing. Per the clinical note, dated 12/12/2014, the injured worker reported low back pain. The injured worker was taking Norco and cyclobenzaprine at night to help with pain and allow for improved sleep. Upon physical examination, the injured worker had 5/5 strength to the bilateral lower extremities, sensation was intact and equal, deep tendon reflexes were 2+ and symmetric, and the injured worker had a positive straight leg raise. The injured worker had tenderness over the paraspinals. It was noted that the injured worker had facet injections in the past which provided over 50% pain relief for over 3 months. The provider recommended additional facet injections and indicated the goal of the injections was to reduce the injured worker's pain and improve his function. The provider indicated the injections would also be diagnostic in helping to identify whether the facets were indeed the pain generators. The physician's treatment plan included recommendations for facet injections, continuation of medications, and performing a urine drug screen. The Request for Authorization was dated 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection at bilateral L1-L2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques, including facet joint injections of cortisone and lidocaine, are of questionable merit. The Official Disability Guidelines note no more than 1 therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis or previous fusion. The guidelines indicate if a therapeutic facet injection is successful, as evidenced by 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. There should also be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. Within the provided documentation, there was a lack of documentation indicating the injured worker had significant physical examination findings indicative of facetogenic pain to the requested level. Per provided documentation, the injured worker previously underwent facet injections which provided 50% pain relief for 3 months; therefore, additional facet joint injections would not be indicated as the injured worker has already received facet joint injections, and there is no evidence of 70% initial pain relief. Additionally, there was no evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. As such, the request for Lumbar facet injection at bilateral L1-L2 is not medically necessary.

Lumbar facet injection at bilateral L2-L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques, including facet joint injections of cortisone and lidocaine, are of questionable merit. The Official Disability Guidelines note no more than 1 therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis or previous fusion. The guidelines indicate if a therapeutic facet injection is successful, as evidenced by 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. There should also be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. Within the provided documentation, there was a lack of documentation indicating the injured worker had significant physical examination findings indicative of facetogenic pain to the requested level. Per provided documentation, the injured worker previously underwent facet injections which provided 50% pain relief for 3 months; therefore, additional facet joint injections would not be indicated as the injured worker has already received facet joint injections, and there is no evidence of 70% initial pain relief. Additionally, there was no evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. As such, the request for Lumbar facet injection at bilateral L2-L3 is not medically necessary.