

Case Number:	CM15-0100729		
Date Assigned:	06/03/2015	Date of Injury:	12/01/2012
Decision Date:	07/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male who sustained an industrial injury on 12/1/12 when he was electrocuted and fell off a ladder and was medically evaluated. He was treated for burns to his hands and cardiac injury. He had x-rays of the lumbar spine (12/7/12) which were negative; MRI lumbar spine (1/22/13) which showed spondylitic changes and was otherwise unremarkable; physical therapy without improvement; several intra-articular corticosteroid injections to the right L5-S1 facet joint with some benefit; L5-S1 transforaminal lumbar inter-body fusion with posterior instrumentation (12/3/13) and was able to return to work on full duty after recovery. He currently complains of worsening right sided back pain with intermittent numbness along the lateral aspect of his right thigh to his knee and numbness and tingling of his fingers in both hands. In addition he has headaches. His pain level is 5/10. Medications are Excedrin, gabapentin, Ketamine 5%. Diagnoses include lumbar post-laminectomy syndrome; status post inter-body fusion (12/3/13); lumbosacral spomdylosis. Diagnostics include electromyography bilateral upper extremities (1/23/15) with abnormalities of mild right carpal tunnel syndrome; x-ray of the lumbar spine (12/16/14) anterolisthesis of L5 with respect to S1; MRI lumbar spine (1/22/13) showing spomdylosis; MRI pelvis (1/22/13) unremarkable; x-ray lumbar spine (12/7/12) unremarkable. In the progress note dated 5/12/15 the treating provider's plan of care includes request for right L4-5 permanent facet radiofrequency ablation so that he can continue working full time and avoid ongoing medication use. Of note, previous procedure (7/14) decreased pain by 80% for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 permanent facet injection/radiofrequency ablation under fluoroscopic guidance with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The injured worker has had a fusion procedure at the same level as the requested facet joint injection. Additionally, the injured worker has documentation of new-onset radicular symptoms. The request for right L4 and L5 permanent facet injection/radiofrequency ablation under fluoroscopic guidance with IV sedation is determined to not be medically necessary.