

Case Number:	CM15-0103810		
Date Assigned:	06/08/2015	Date of Injury:	08/16/2004
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 48-year-old female, with a reported date of injury of 08/16/2004. The diagnoses include lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, and sciatica. Treatments to date have included an MRI of the lumbar spine on 08/27/2012 which showed no significant lumbar disc protrusion, canal stenosis, or foraminal stenosis; an MRI of the lumbar spine on 09/08/2014 which showed mild facet arthropathy at L4-5 and L5-S1; right lumbar facet intra-articular injection on 10/01/2014; oral medications; and chiropractor treatment. The progress note dated 05/11/2015 indicates that the injured worker was doing relatively stable and her back pain was under control. It was noted that her low back pain had gradually returned recently. The injured worker benefited significantly from a bilateral lumbar facet joint injection. The physical examination showed a slow gait; ability to heel-toe stand; no tenderness in the lumbar spine; severe pain with lumbar forward flexion and extension; left positive facet stress; right leg was weaker than the left; diminished sensation to temperature and pain at L4-5; and positive right straight leg raise test. The treating physician requested bilateral L3-4 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 L4 facet injection Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) -Workers' Compensation, Treatment Index, 5th Edition, Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit pain on lumbar forward flexion without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy. Previous facet injections are noted to provide significant help; however, no specific duration is identified, increased ADLs, functional status, decrease in medication dosages, or medical utilization are demonstrated. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L3 L4 facet injection Qty 1.00 is not medically necessary and appropriate.