

Case Number:	CM15-0104277		
Date Assigned:	06/08/2015	Date of Injury:	05/22/2002
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
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 71 year old male who sustained an industrial injury on May 22, 2002. He has reported chronic low back pain and has been diagnosed with degeneration of lumbar intervertebral disc, post laminectomy syndrome of the lumbar region, and chronic low back pain. Treatment has included medical imaging, injection, surgery, medications, physical therapy, chiropractic care, and a TENS unit. The lumbar examination noted continued severe pain and tenderness throughout the lower lumbar spine. Forward flexion was 10 % restricted. He was unable to extend due to severe pain. Lateral bending was 40 % restricted. There was a negative straight leg raise. The treatment request included a diagnostic facet injection L2-3, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic Facet Injection L2-3, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic) Facet joint diagnostic blocks (injections) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint diagnostic blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one diagnostic facet injection L2-L3 and L5-S1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; and etc. there should be no evidence of radicular pain, spinal stenosis or previous fusion. In this case, the injured worker's working diagnoses are lumbar intervertebral disc degeneration; post laminectomy syndrome lumbar spine; and chronic low back pain. The documentation states the injured worker had a prior rhizotomy at L5-S1. Lumbar facet injections are for diagnosis, but not for treatment. The documentation from the treating provider requested authorization for the diagnostic facet injection above and below the fusion site (L3-L4). Objectively, there was pain to palpation (over the facets) and no signs of radiculopathy. There has not been a diagnostic block at the L2-L3 level and findings appear to be compatible with facet mediated pain. Consequently, based on documentation indicating a previous rhizotomy at L5-S1 and no prior diagnostic block at L2-L3 with findings compatible with facet mediated pain, one diagnostic facet injection L2-L3 and L5-S1 is not medically necessary.