

Case Number:	CM15-0108352		
Date Assigned:	06/15/2015	Date of Injury:	10/19/2003
Decision Date:	07/14/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 43-year-old female, who sustained an industrial injury on 10/19/03. The injured worker was diagnosed as having bilateral facet arthropathy L4-5 and L5-S1 joints, lumbar spondylosis, lumbar myofascial pain and mechanical low back pain. Treatment to date has included 8 sessions of acupuncture, 6 sessions of physical therapy and 6 sessions of chiropractic therapy, oral medications including Norco, Pamelor, Gabapentin and Colace and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 4/1/15 revealed mild degenerative disc disease and retrolisthesis at L5-S1 with small protrusions without canal stenosis or neural foraminal narrowing at any level. Currently, the injured worker complains of constant stabbing low back pain with radiation to left lower extremity to the foot rated 6-7/10. She also states she continues to have frequent panic attacks and difficulty sleeping. Physical exam noted tenderness to palpation over bilateral lumbar facet joints at L4-S1, positive facet joint loading lumbar spine bilaterally and decreased range of motion of lumbar spine. The treatment plan included request for authorization for Gabapentin, Nortriptyline, extension of the authorization of bilateral lumbar facet injections, follow up appointment and refilling of Norco and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Injection at L4-L5 and L5-S1 (sacroiliac): 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 (Lumbar & Thoracic) (Acute & Chronic) - Facet Joint Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet joint injections.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, 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 the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation and therefore the request is not medically necessary.