MAXIMUS Federal Services

Case Number:	CM15-0137077		
Date Assigned:	07/27/2015	Date of Injury:	02/26/2015
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
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 (IW) is a 47-year-old male who sustained an industrial injury 02/26/2015. Diagnoses/impressions include lumbar disc displacement without myelopathy. Treatment to date has included medications, activity modification, chiropractic treatment and physical therapy. The lumbar spine MRI dated 6/3/15 showed mild levoscoliosis with degenerative disc disease and no significant spinal canal stenosis or nerve root impingement. According to the progress notes dated 6/11/15, the IW reported lower back pain with radiation into the lateral aspect of the left lower extremity, rated 7/10. The constant radicular symptoms were exacerbated by extended periods of sitting or standing. Rest and intermittent use of anti-inflammatories were helpful for pain. On examination, axial loading maneuvers of lumbar facet joints caused bilateral lower extremity pain, greater on the left. Lumbar extension was 10 degrees and flexion was 60 degrees; lateral bending was within normal limits, bilaterally. Ankle and knee reflexes were normal. Sensation was decreased in the left L4 and L5 dermatomes. Spasm and guarding was noted in the lumbar spine. Lower extremity motor strength was 5/5. A request was made for left lumbar facet joint injection at L4-5, L5-S1 under fluoroscopic guidance and IV sedation for diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar facet joint injection at L4-L5 and L5-S1 under fluoroscopic guidance and IV sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet injections-Low back chapter and pg 36.

Decision rationale: According to the guidelines, there is limited research on therapeutic blocks or neurotomies in this region and the latter procedure (neurotomies) are not recommended. Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (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 (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, although there is facet pain and no radicular findings on exam, there is no noted plan for adjunctive therapy noted with the request for facet injections. The request is not medically necessary.