

Case Number:	CM15-0138847		
Date Assigned:	07/28/2015	Date of Injury:	10/08/2007
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency 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:

This 63-year-old male sustained an industrial injury on 10/08/07. He subsequently reported back pain. Diagnoses include lumbosacral spondylosis without myelopathy, lumbar facet syndrome, degenerative disc disease and lumbago. Treatments to date include MRI testing, injections, ablation procedure, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, lumbar range of motion is reduced with pain. Tenderness posteriorly at L3-L5 and bilaterally in a symmetrical distribution in the paraspinal muscle. A request for Two Bilateral Diagnostic L4-L5 and L5-S1 facet injections for consideration of RF was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Bilateral Diagnostic L4-L5 and L5-S1 facet injections for consideration of RF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation.

Decision rationale: The requested Two Bilateral Diagnostic L4-L5 and L5-S1 facet injections for consideration of RF, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks(injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute &Chronic) (updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks(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); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has low back pain. Upon examination, lumbar range of motion is reduced with pain. Tenderness posteriorly at L3-L5 and bilaterally in a symmetrical distribution in the paraspinal muscle. The treating physician has not sufficiently documented criteria percentage and duration of relief and objective evidence of functional benefit from previous neurotomy. The criteria noted above not having been met, Two Bilateral Diagnostic L4-L5 and L5-S1 facet injections for consideration of RF is not medically necessary.