

Case Number:	CM15-0140628		
Date Assigned:	07/30/2015	Date of Injury:	07/11/2014
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 56 year old male, who sustained an industrial injury on 7-11-14 Initial complaint was of his low back. The injured worker was diagnosed as having lumbosacral spondylosis; arthralgia; radiculopathy; disc displacement; thoracic pain; myalgia and myositis; chronic pain. Treatment to date has included status post L5-S1 laminectomy (1993); status post L5-S1 fusion (1996); physical therapy; medications. Diagnostics studies included CT scan Lumbar spine (2-20-15). Currently, the PR-2 notes dated 6-11-15 indicated the injured worker complains of worsening low back pain. He reports the pain is due to his industrial trauma. He describes the pain as constant, dull ache pain localized to his upper lumbar and thoracic region which have not changes since his last visit. He reports radiating pain down the left lower extremity down to his lateral thigh as ache. He denies any numbness or weakness of the lower extremities. His back worsens with prolonged sitting, standing, leaning back or bending forward. He is taking Tramadol 50mg, ointment regimen and Tizanidine for pain relief. He denied any side effects but is out of his medications and here for a refill. He reports he is unable to function due to the persistent low back pain and would like to know if his procedure has been approved. He presents on this day with worsening back pain chronic nociceptive type probably due to facet arthropathy. He also presents with left lumbar radiculopathy with no neuromuscular deficits possible to lumbar disc bulges and lumber nerve root irritation/inflammation which is not significant as his localized low back pain. he also complains of chronic thoracic pain and was evident in his history and physical examination as well as lumbar CT scan. The provider notes he has failed conservative treatment and would like to evaluate whether medial branch nerves of the facet joints play a major role in chronic back pain. The provider is requesting authorization of One bilateral lumbar facet injection at the L2 and L3 levels under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral lumbar facet injection at the L2 and L3 levels under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015 Chapter: Low Back.

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

Decision rationale: The ACOEM chapter on low back complaints 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. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons, the request does not meet criteria guidelines and therefore is not medically necessary.