

Case Number:	CM15-0149807		
Date Assigned:	08/14/2015	Date of Injury:	01/24/2014
Decision Date:	09/16/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female who sustained a work related injury January 24, 2014, after falling from an office chair with complaints of lower back pain. An MRI of the lumbar spine, performed February 26, 2015, report is present in the medical record. A request had been made for an L3-L5 posterior lumbar interbody fusion with instrumentation and was denied on April 14, 2015. According to a procedure report, dated April 21, 2015, the injured worker underwent a lumbar L4-5 interlaminar epidural corticosteroid injection and a lumbar L4-5 bilateral facet joint corticosteroid injection for the diagnoses of lumbar radiculopathy; lumbar herniated disc disease; and lumbar facet arthritis. According to a treating physician's progress report, dated May 4, 2015, the injured worker presented with moderate tenderness along the flanks. She was recently diagnosed with a urinary tract infection. She has positive facet loading on the left and right but it has decreased in intensity. Impression is documented as multilevel bulging lumbar disc; lumbar spondylosis; lumbar radiculitis; lumbar facet arthritis; lumbar myofascial spasms; urinary tract infection. Treatment plan included physical therapy program, establishment of a home exercise program and at issue, and a request for authorization for bilateral L4-5 facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet joint injections with fluoroscopic guidance under MAC anesthesia:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, 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) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "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." The documentation submitted for review indicates that the injured worker was previously treated with lumbar L4-L5 bilateral facet joint injections. Per the citation above, no more than one therapeutic intra-articular block is recommended; the recommendation is to proceed to a medial branch block and subsequent neurotomy. The requested procedure is not recommended. Medical necessity cannot be affirmed.