

Case Number:	CM15-0162850		
Date Assigned:	08/31/2015	Date of Injury:	06/23/2006
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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 52 year old female who sustained an industrial-work injury on 6-23-06. He reported an initial complaint of pain in the neck, left shoulder, bilateral hips, and lower back. The injured worker was diagnosed as having lumbago, neuralgia, neuritis, and radiculitis, lumbosacral spondylosis without myelopathy, myalgia, and myositis. Treatment to date includes medication, heating pad application, and rest. Currently, the injured worker complained of lower back pain rated 8 out of 10 on average with 7.5 out of 10 at best and 9 out of 10 at worst. Pain was described as tingling and aching. There was also pain in the bilateral hip and left thigh areas. Per the primary physician's report (PR-2) on 8-5-15, exam noted tenderness to the back area with bending, knees have good range of motion, able to walk on toes, and able to perform alternating movements with the hands. The requested treatments include lumbar epidural facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Facet injection: Upheld

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

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." MRI of the lumbar spine dated 8/20/14 revealed diffuse disc bulge of 3-4mm at the L2-L3 and L3-L4 disc levels with narrowing of the neural foramina bilaterally, diffuse bulge of 4-5mm at the L4-L5 disc level with narrowing of the neural foramina bilaterally, anterior disc bulge of 3-4mm at the L2-L3, L3-L4, and L4-L5 disc levels, degenerative disc disease at the L4-L5 disc level. As the request does not specify the operative level, it is not medically necessary.