

Case Number:	CM15-0166110		
Date Assigned:	09/03/2015	Date of Injury:	05/23/2011
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 50-year-old female who sustained an industrial injury on 5/23/11. Injury occurred when she lifted a case of wine out of the trunk of a car, with onset of low back pain. The 8/2/11 lumbar spine MRI documented minimal degenerative disc changes at the L4/5 level. Conservative treatment included activity modification, medications, epidural steroid injection, physical therapy, home exercise, and bilateral sacroiliac joint injections. She underwent bilateral L4, L5, sacral ala, and S1 medial branch facet injections on 2/16/15. The 7/15/15 treating physician report cited low back pain radiating to both hips. The injured worker reported a flare-up of her chronic lower back pain while loading her care three days prior. She had a facet injection in February that provided 50% pain relief for 3 months. She was able to completely wean off her Norco as a result. Pain was currently reported 9/10 without medications and 7/10 with medications. Physical exam documented tightness and tenderness across the lumbosacral area with positive bilateral straight leg raise. Lumbar range of motion was documented as mild to moderately limited in flexion and lateral flexion, with marked loss of extension. Neurologic exam documented normal motor and sensation with no radiculopathy. The diagnosis included lumbar facet arthrosis and facet joint pain. The treatment plan recommended bilateral L4/5 and L5/S1 medial branch facet injections for pain flare and to wean down her Ultram. The treatment plan included home care measures and exercise. Authorization was requested for bilateral L4/5 and L5/S1 medial branch facet injections. The 8/4/15 utilization review non-certified the request for bilateral L4/5 and L5/S1 medial branch facet injections as facet joint medial branch blocks

(therapeutic injections) are not recommended, except as a diagnostic tool, because there was minimal evidence for treatment, and only one set of diagnostic blocks were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral branch facet injection L4-L5: 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 - Lumbar & Thoracic (Acute & Chronic); Facet joint medial branch blocks (therapeutic 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-Lumbar & Thoracic: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The California MTUS does not provide recommendations for facet joint diagnostic injections. The Official Disability Guidelines state that facet joint intra-articular injections (therapeutic blocks) are under study as current evidence was conflicting. Guidelines recommend no more than one therapeutic intra-articular block for patients with no evidence of radicular pain, spinal stenosis, or previous fusion. 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). No more than 2 joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Guideline criteria have not been met. This injured worker underwent an initial therapeutic medial branch facet injection on 2/16/15 with 50% pain relief for three months and reduction in medication. A repeat therapeutic injection has been requested. Guidelines do not support more than one therapeutic facet joint injection. There is no compelling rationale presented to support the medical necessity of a repeat injection as an exception to guidelines. Therefore, this request is not medically necessary.

Bilateral branch facet injection L5-S1: 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 - Lumbar & Thoracic (Acute & Chronic); Facet joint medial branch blocks (therapeutic 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-Lumbar & Thoracic: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The California MTUS does not provide recommendations for facet joint diagnostic injections. The Official Disability Guidelines state that facet joint intra-articular

injections (therapeutic blocks) are under study as current evidence was conflicting. Guidelines recommend no more than one therapeutic intra-articular block for patients with no evidence of radicular pain, spinal stenosis, or previous fusion. 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). No more than 2 joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Guideline criteria have not been met. This injured worker underwent an initial therapeutic medial branch facet injection on 2/16/15 with 50% pain relief for three months and reduction in medication. A repeat therapeutic injection has been requested. Guidelines do not support more than one therapeutic facet joint injection. There is no compelling rationale presented to support the medical necessity of a repeat injection as an exception to guidelines. Therefore, this request is not medically necessary.