

Case Number:	CM15-0184020		
Date Assigned:	09/24/2015	Date of Injury:	06/16/1998
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 67 year old male with an industrial injury dated 06-06-1998. Medical record review indicates he is being treated for facet syndrome, post laminectomy syndrome of lumbar region, lumbar disc degeneration and long term use of other medications. Subjective complaints (08-24-2015) included "pain is coming back and it is affecting his daily activities." The treating physician documents the injured worker was last seen on 06-01-2015 and received bilateral lumbar facet joint injection. "His pain has improved 80% since the last injection for 7 weeks and now the pain has returned." The patient also stated that his functioning has improved 80% and he is excited about his ability to do more and sleeping longer hours and he feels that he is more upbeat. The injured worker's pain is documented as 8 at its worst and 1-2 at its best. "His pain level at the time of the encounter was an 8." Other complaints included pain localized in the low back "lumbar 2-sacral 1 and bilateral hips." The pain was described as "deep, stabbing, sharp and shooting." "The pain is improved by medications, rest, hot showers and pain procedures." Prior treatment notes dated 01-19-2015 document the injured worker reported his pain level as 7 and a 70% improvement in pain after receiving lumbar facet blocks. In the treatment note dated 04-13-2015 the injured worker reported 70% relief after lumbar facet blocks. He reported his pain level at that time as 8. Prior treatments included physical therapy, non-steroidal anti-inflammatory medications, home exercise program, lumbar facet injections and pain medications. Physical exam (08-24-2015) revealed "severe tenderness, spasm and no radiation of the pain present on the right paraspinous muscle, left paraspinous muscle, right facet joint and left facet joint found at lumbar 1, lumbar 2, lumbar 3, lumbar 4, lumbar 5 and sacral 1."

Lumbar flexion is documented as normal with lumbar extension and right lateral lumbar rotation and left lateral lumbar rotation were reduced. The provider recommended lumbar facet joint injection. The request for authorization dated 09-02-2015 is for bilateral lumbar facet injection at lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1. On 09-09-2015 the request for bilateral L3-4, L4- 5, L5-S1 facet injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 07/17/2015.

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 medial branch blocks (therapeutic injections) Low Back: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, facet branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment, Facet joint intraarticular injections are investigational. Request violates criteria which does not recommend more than 2 levels be injected at a time. There is no long term plan for this procedure except for short term pain control. This request is not medically necessary.