

Case Number:	CM15-0185437		
Date Assigned:	09/25/2015	Date of Injury:	07/02/2010
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 10-9-15. The injured worker is being treated for internal derangement of bilateral knees, morbid obesity, status post cervical decompression, status post left ulnar nerve decompression at the elbow, status post anterior lumbar interbody fusion at L4-5, L5-S1 and L3-4 and psychological diagnosis. Treatment to date has included physical therapy, aqua therapy, acupuncture, narcotic pain medications including Norco 10-325mg and Percocet 10-325mg, transcutaneous electrical nerve stimulation (TENS) unit, nerve blocks, epidural steroid injections, sacroiliac joint injections (which provided good relief) and lumbar radiofrequency ablation. On 7-29-15, the injured worker complains of low back pain, neck pain and stiffness and bilateral knee pain; she also notes she remains quite depressed over her chronic pain and disability. She also indicates she is experiencing intermittent diarrhea and constipation, which she relates to her medication. She is temporarily very disabled. Physical exam performed on 7-29-15 revealed decreased strength at left foot and restricted lumbar range of motion; and restricted cervical range of motion with decreased sensation to pinprick over the volar aspect of all five digits of the left upper extremity. The treatment plan included request for authorization for re-consult with psychiatrist, refilling of Percocet, Restoril, Cymbalta, Robaxin, Neurontin and Celebrex and request for authorization for bilateral intra-articular injection at L2-3. On 8-17-15 a request for 1 bilateral intra-articular injection at L2-3 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:

One bilateral intra-articular injection at L2-L3 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Intra-articular Injections (therapeutic Blocks).

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 Chapter, under Facet Joint Diagnostic Blocks Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks(injections).

Decision rationale: The current request is for ONE BILATERAL INTRA-ARTICULAR INJECTION AT L2-L3 UNDER FLUOROSCOPY. Treatment to date has included physical therapy, aqua therapy, acupuncture, narcotic pain medications, left ulnar nerve decompression at the elbow, anterior lumbar interbody fusion L4-5 and L5-S1 2010, transcutaneous electrical nerve stimulation (TENS) unit, nerve block, lumbar radiofrequency ablation 2013, epidural steroid injections, and sacroiliac joint injections. The patient is not working. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment: a procedure that is still considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. ODG Guidelines, Low Back: Lumbar & Thoracic (Acute & Chronic) Chapter, under Facet joint diagnostic blocks(injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per report 07/29/15, the patient complains of low back pain, and left lower extremity numbness, tingling and weakness. Physical examination revealed decreased strength and sensory at the left foot and restricted lumbar range of motion. Recommendation was made for a 1 bilateral intra- articular injection at L2-3. The records indicate that this patient received a lumbar block (date of injection not disclosed), and subsequently underwent a RFA in 2013 which provided 80-90% pain relief and functional improvement. The levels that were injected are not disclosed. In this case, the patient has previously undergone lumbar facet injections and a RFA, and ODG states that "no more than one therapeutic intra-articular block is recommended." Furthermore, ODG recommends Facet Blocks for patients with lumbar pain that is non-radicular, and this patient presents with decreased strength and sensory down the left foot. This request IS NOT medically necessary.