

Case Number:	CM15-0185917		
Date Assigned:	09/28/2015	Date of Injury:	03/24/2000
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on March 24, 2000. The injured worker was diagnosed as having post laminectomy lumbar syndrome, degenerative disc disease of the lumbar spine, lumbar and sacral radiculopathy, hip pain and lumbar spondylosis. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine x2, radiographic imaging, physical therapy, medications and work restrictions. Evaluation on July 20, 2015, revealed continued pain in the low back and hips rated at 2-6 on a 1-10 scale with the use of medications. He noted the medications helped him continue to shop, clean, cook and walk. Evaluation on August 17, 2015, revealed lumbar pain and hip pain. He noted the back pain as constant achy and sharp. He noted with the current pain management regiment his pain was rated at 4-6 on a 1-10 scale with 10 being the worst. He noted the current medications allowed him to go shopping and continue activities of daily living. Bilateral lumbar facet injections were recommended. It was noted he had failed physical therapy and NSAID therapy. The RFA included requests for 1 Left L2-L3, L3-L4 lumbar facet injection and 1 Right L2-L3, L3-L4 lumbar facet injection and was non-certified on the utilization review (UR) on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L2-L3, L3-L4 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks, which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, per the available documentation, the most recent MRI obtained revealed no evidence of abnormalities at L2-3, therefore, the request for 1 right L2-L3, L3-L4 lumbar facet injection is determined to not be medically necessary.

1 Left L2-L3, L3-L4 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks, which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, per the available documentation, the most recent MRI obtained revealed no evidence of abnormalities at L2-3, therefore, the request for 1 left L2-L3, L3-L4 lumbar facet injection is determined to not be medically necessary.