

Case Number:	CM15-0187594		
Date Assigned:	09/29/2015	Date of Injury:	11/18/2009
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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 45-year-old female who sustained an industrial injury on 11-18-2009. Diagnoses have included lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease, and lumbago. An X-ray taken on 1-29-2015 showed "unchanged" fusion; and, CT of the lumbar spine 4-14-2015 showed levoscoliosis with mild degenerative disc diseases and retrolisthesis L1-3. Documented treatment includes at least 6 sessions of acupuncture with no relief noted, at least 24 sessions of physical therapy with temporary relief, lumbar fusion L3-L5 in 2013, epidural steroid injections with no relief, and medication for pain and muscle spasm, which are reported to cause stomach upset. On 8-14-2015, the injured worker reported aching, burning, and "pins and needles" pain radiating from her low back into both buttocks, being worse on the left. On her left side it radiated down her leg to her ankle and within the past two weeks prior to the 8-14-2015 visit, she also began experiencing intermittent numbness in her lower left extremity lasting 5-6 seconds. Pain is worse when sitting. Low back pain is rated at 6 out of 10. Examination showed tenderness along the lumbar paraspinal muscles and left-sided sacroiliac joint, and the injured worker was noted to be "unable to tolerate any active lumbar flexion." Sensation was noted to be intact in all extremities except along the right-sided L5 dermatomal distribution. Lumbar facet loading test was positive bilaterally, and straight leg, FABER and FAIR tests were negative bilaterally. The treating physician's plan of care includes bilateral lumbar facet joint injections at L3-S1, which was denied 9-11-2015. There is no documentation stating if she has had this treatment in the past. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Joint Injection at The Levels of L3-S1: Upheld

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

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." Per the citation above, no more than 2 joint levels may be blocked at one time. As the request is in excess of the guidelines, the request is not medically necessary.