

Case Number:	CM15-0190835		
Date Assigned:	10/02/2015	Date of Injury:	03/15/2010
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old male, who sustained an industrial injury on 3-15-2010. The injured worker is being treated for degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis of spinal facet joint, spinal stenosis of lumbar region, lumbar sprain and low back strain. Treatment to date has included rhizotomy (2011), physical therapy, medications, diagnostics, and activity modification. Per the Primary Treating Physician's Progress Report dated 8-05-2015 the injured worker presented for a routine office visit. He reported that his pain has been exacerbated increasingly since two months ago. His pain level without medications is 7 out of 10 and with medication is 4 out of 10. The rhizotomy performed on 4-27-2011 improved his pain by over 70% and pain relief lasted for four years. Objective findings included continued tenderness and tightness across the lumbosacral area to touch and with movement. Flexion is 50% restricted with radiculopathy and severe pain. He is unable to extend and lateral bending is 60% restricted which ignites radiculopathy down both legs but right is worse than left. Work status was not documented at this visit. The plan of care included heat, ice, rest, gentle stretching, medications, diagnostic facet injection and follow-up care. Authorization was requested for lumbar facet injection at bilateral L4-5 and L5-S1. On 9-16-2015, Utilization Review modified the request for lumbar facet injection at bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection at bilateral L4-L5 and 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Lumbar facet injection at bilateral L4-L5 and L5-S1, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "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." Guidelines also state one set of diagnostic medial branch blocks is required with a response of 70%. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, the patient has also had prior radiofrequency ablation and lumbar medial branch blocks which were helpful for back pain. Thus the current request exceeds the one set requirement recommended by guidelines. In light of the above issues, the currently requested Lumbar facet injection at bilateral L4-L5 and L5-S1 are not medically necessary.