

Case Number:	CM15-0191881		
Date Assigned:	10/05/2015	Date of Injury:	08/07/2007
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 58 year old female, who sustained an industrial injury on 8-7-2007. The injured worker is undergoing treatment for transforaminal lumbar interbody fusion (TLIF), shoulder pain and cervical disc collapse. Medical records dated 8-26-2015 indicate the injured worker complains of "moderate to severe back pain that is worse with increased activity. She complains of intermittent tingling in her legs." Exam dated 7-29-2015 indicates review of 7-14-2015 magnetic resonance imaging (MRI) showing L4-S1 postoperative changes, lumbar spondylosis and disc herniation. Physical exam noted lumbar trigger points and lumbar trigger point injections performed at the visit "reduced pain immediately." Physical exam dated 8-26-2015 notes tenderness to palpation of low back, antalgic gait and difficulty standing from seated position. "There are palpable pedicle screws resulting in significant pain upon palpation." Treatment to date has included lumbar fusion, Norco, Prilosec, Ambien, Flexeril, Gabapentin, Relafen, labs and physical therapy. The original utilization review dated 9-11-2015 indicates the request for outpatient lumbar facet block injections at L4-5 and L5-S1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar facet block injections at L4-5 and L5-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 documentation submitted for review, MRI of the lumbar spine dated 7/14/15 revealed postoperative changes with spinal fusion at L4, L5, and S1. There is laminectomy through this area, mainly at L5. As previous fusion is exclusionary criteria for the requested procedure, the request is not medically necessary.