

Case Number:	CM15-0198239		
Date Assigned:	10/13/2015	Date of Injury:	02/24/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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 48 year old female who sustained an industrial injury February 24, 2012. Past treatment included physical therapy, facet injections into the lumbar spine May 9, 2013 with 70% pain relief, October 16, 2013, February 26, 2014, left L5 transforaminal epidural steroid injection July 23, 2014, hip injection, and underwent electrodiagnostic testing and an MRI of the lumbar spine. Past history included left hip arthroscopic extensive labral debridement and decompression of femoroacetabular impingement October 31, 2013. According to a multi-disciplinary pain management physician's progress report dated September 17, 2015, the injured worker presented with a history of low back pain with occasional left leg radiation, severe numbness and tingling in her great toe and subjective weakness of her left leg. She denied bladder and bowel dysfunction. Her pain is worse with sitting, standing, lifting, and activities. The physician documented she underwent bilateral L4-5 and L5-S1 facet injections January 25, 2015, with great relief of pain for 5 months. She is also status post left hip injection October 8, 2014, with great relief of pain for 6 months. Objective findings included; decreased sensation to light touch of the left great toe; back-pain worsened with extension and rotation as well as palpation of the L4-5 and L5-S1 facet levels; straight leg raise is negative bilaterally, Patrick's and Faber's positive on the left. Diagnoses are lumbar facet arthritis; left sacroiliac joint arthritis; lumbar radiculopathy. Treatment plan included to start weight loss program and at issue, a request for authorization for bilateral L4-L5 facet injection and bilateral L5-S1 facet injection. According to utilization review dated September 25, 2015, the requests for left and right L5-S1 facet injection, and left and right L4-5 facet injection were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 facet injection: 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, Facet joint diagnostic blocks (injections).

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 MRI of the lumbar spine dated 7/3/14, at L4-L5, mild circumferential disc bulge with superimposed broad-based left foraminal and extra-foraminal disc protrusion, moderate-to-severe and moderate left facet arthropathy, and right greater than left ligamentum flavum thickening causing mild left neural foraminal narrowing and moderate right eccentric spinal canal stenosis. Physical exam dated 9/17/15 noted occasional left leg radiation. The injured worker has severe numbness and tingling of her left great toe and complained of subjective weakness of her left leg. As radicular pain is an exclusionary criterion, the request is not medically necessary.

Bilateral L4-L5 facet injection: 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, Facet joint diagnostic blocks (injections).

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 MRI of the lumbar spine dated 7/3/14, at L4-L5, mild circumferential disc bulge with superimposed broad-based left foraminal and extra-foraminal disc protrusion, moderate-to-severe and moderate left facet arthropathy, and right greater than left ligamentum flavum thickening causing mild left neural foraminal narrowing and moderate right eccentric spinal canal stenosis. Physical exam dated 9/17/15 noted occasional left leg radiation. The injured worker has severe numbness and tingling of her left great toe and complained of subjective weakness of her left leg. As radicular pain is an exclusionary criterion, the request is not medically necessary.