

Case Number:	CM15-0201943		
Date Assigned:	10/16/2015	Date of Injury:	05/21/2002
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This 47 year old female sustained an industrial injury on 5-21-02. Documentation indicated that the injured worker was receiving treatment for lumbar spondylosis with stenosis and sciatica. Previous treatment included physical therapy, epidural steroid injections, h-wave and medications. In a PR-2 dated 7-15-15, the injured worker complained of ongoing radiating burning sensation from her back to her feet as well as cramps in her lower extremities at night. The physician noted that bilateral L5-S1 epidural steroid injections (10-19-11) gave her 50% relief of low back pain and 100% relief of radicular pain for six months. Lumbar epidural steroid injections (October 2013) gave her greater than 80% relief of low back pain and completely relieved her radicular symptoms for six months. The injured worker noted "benefit and less radicular pain" from L5-S1 epidural steroid injections on 8-2-14. The physician documented that the injured worker's last electromyography (2004) showed bilateral S1 radiculopathy. The physician stated that her condition was worsening and that her radicular symptoms were worse. In a PR-2 dated 8-10-15, no subjective complaints were documented. Physical exam was remarkable for "lumbar spine as before with L5-S1 facet joint pain with flexion and palpation, no radiculopathy." The treatment plan included requesting authorization for lumbar L5-S1 facet joint injection using fluoroscopy and ultrasound. On 9-24-15, Utilization Review noncertified a request for L5-S1 cortisone injection with ultrasound and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 cortisone injection with ultrasound/fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 medical records, MRI of the lumbar spine dated 8/22/11 revealed stability of grade II, 1/5cm anterolisthesis of L5 relative to S1 and bilateral spondylosis. Severe bilateral neural foraminal stenosis was identified. Compression of the exiting bilateral L5 nerves was noted. The injured worker has a history significant for radicular pain and epidural steroid injections. As radicular pain is an exclusionary criteria for facet joint injections, the request is not medically necessary.