

Case Number:	CM15-0203105		
Date Assigned:	10/19/2015	Date of Injury:	02/01/2010
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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 69 year old male, who sustained an industrial-work injury on 2-1-10. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar pain with bilateral radiculopathy, degenerative facet disease, lumbar, degenerative disc disease, lumbar spine, lumbar disc displacement, muscle spasm, and spinal stenosis. Treatment to date has included medication, heat-ice application, and physical therapy. MRI results were reported on 2-21-13 noted multilevel degenerative disc changes, central spinal canal stenosis at L2-3 due to disc protrusion and/or herniation and facet arthropathy. Currently, the injured worker complains of constant low back pain that was unchanged since last visit. It was described as aching and shooting. Pain improved with medication, therapy, and exercise. Meds included Tramadol HCL, Hydrocodone-Acetaminophen, and Alprazolam. Pain was 4 out of 10 with meds and 9 out of 10 without. Per the primary physician's progress report (PR-2) on 9-1-15, exam noted maximum tenderness in the lumbar spine at the lumbosacral junction, facet tenderness bilaterally on lumbar extension. The Request for Authorization requested service to include Lumbar Facet Injections L3-S1, Bilateral with Fluoroscopy and Sedation. The Utilization Review on 10-1-15 denied the request for Lumbar Facet Injections L3-S1, Bilateral with Fluoroscopy and Sedation, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004, Physical Methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injections L3-S1, Bilateral with Fluoroscopy and Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 submitted for review, it is noted that the injured worker underwent lumbar radiofrequency ablation at the bilateral L4, L5, and S1 1/9/15. The injured worker reported that it was of minimal benefit; however, he stated that several of the former lumbar RFA procedures were very helpful. He said that every time the L3 facet was done he had excellent results. As treatment has already proceeded to RFA, the requested facet injections are not indicated. Furthermore, per the citation above, no more than 2 joint levels are to be blocked at one time. As the request is in excess of this, the request is not medically necessary.