

Case Number:	CM15-0206446		
Date Assigned:	10/23/2015	Date of Injury:	07/09/2009
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42-year-old female, who sustained an industrial injury on 7-9-09. The injured worker was being treated for degeneration of lumbar-lumbosacral disc and pain in joint of lower leg. On 9-18-15, the injured worker complains of chronic back and knee pain rated 6-7 out of 10 at right knee and 7-8 out of 10 with back. Work status is noted to be permanent and stationary. Physical exam performed on 9-18-15 revealed tenderness to palpation along the left side lumbosacral region and over the left sided facet joints, significant pain with axial loading of lumbar facet joints and decreased range of motion of lumbar spine. Treatment to date has included oral medications including Ibuprofen, lumbar facet diagnostic injection (3-3-15 reduced pain to 2-3 out of 10 and improved function for more than 3 months), knee brace and activity modifications. The treatment plan included request for bilateral lumbar facet joint injection at L4-5 and L5-S1 with IV sedation and fluoroscopic guidance. On 9-28-15 request for bilateral lumbar facet joint injection at L4-5 and L5-S1 with IV sedation and fluoroscopic guidance was modified to facet block medial branch only, not intraarticular under fluoroscopic guidance for left side only at L4-5 and L5-S1 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint at L4-L5 and L5-S1 with fluoroscopic guidance and IV sedation: 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-Lumbar & Thoracic (Acute & Chronic), Facet joint intraarticular injections (therapeutic blocks).

Decision rationale: The claimant sustained a work injury in July 2009 when she had pain shooting through her knee when walking down stairs and is being treated for low back and knee pain. In March 2015, she underwent bilateral facet joint injections with sedation including Fentanyl and Versed. In May 2015, she was having a flare up of right knee pain. She was status post diagnostic facet injection but the response to the procedure is not described. When seen, she had back pain rated at 7-8/10. There was left lumbar and facet tenderness with decreased range of motion and positive facet loading. There was a normal neurological examination. After the injection in March 2015, she had a reported greater than 3 months of pain relief with improved exercise, work, and sitting tolerance and pain rated at 2-3/10 is referenced. Although a diagnostic injection is referenced, the intent is to provide a second injection for therapeutic purposes. Criteria for the use of therapeutic intra-articular facet injections include there should be evidence of a formal plan of additional evidence-based activity and exercise. If successful with initial pain relief of 70%, plus pain relief of at least 50% for 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. In this case, the degree of pain relief from the previous injection is not adequately documented. Additionally there is no evidence of a formal plan of activity and exercise or that there has been at least consideration of radiofrequency ablation. The request is not considered medically necessary.