MAXIMUS Federal Services

Case Number:	CM15-0208381		
Date Assigned:	10/26/2015	Date of Injury:	11/18/2009
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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
Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on November 18, 2009, incurring low back injuries. She was diagnosed with lumbar spondylosis, lumbar herniated disc, lumbar degenerative disc disease and lumbago. Treatments included 6 sessions of acupuncture with no relief, 24 sessions of physical therapy with temporary relief and multiple epidural steroid injections with no relief. Other treatment included pain medications, muscle relaxants, antiemetic, anti-inflammatory drugs and sleep aides. She underwent back surgery in 2012 and a lumbar fusion in 2013. Currently, the injured worker complained of constant, aching and stabbing low back pain radiating to the left lower extremity and ankle. She rated her pain 7 out of 10 on a pain scale from 0 to 10. Her pain was aggravated by bending, twisting and prolonged sitting and standing. The treatment plan that was requested for authorization included bilateral lumbar facet joint injection at the L3-S1 level. On October 19, 2015, a request for bilateral facet joint injection was non-certified 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 Injection at the L3-S1 Level: 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) Chapter: Low Back Section: Facet Joint Injections.

Decision rationale: The Official Disability Guidelines comment on the use of facet joint injections as a treatment modality. Included in their recommendations are the following criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Based on a review of the records, the patient does not meet the above cited criteria to justify the use of a facet joint injection. The records are unclear whether the patient has facet joint pain, signs and symptoms in the proposed injection area. Further, the request is to inject greater than 2 levels (L3-S1). The guidelines specify no more than 2 levels. Finally, the records state the patient has had a prior lumbar fusion in the proposed treatment area. The guidelines state that facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. For these reasons, bilateral facet joint injection as the L3-S1 level is not medically necessary.