

Case Number:	CM15-0020851		
Date Assigned:	02/10/2015	Date of Injury:	10/23/2012
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on October 23, 2012. She has reported a back injury. The diagnoses have included Lumbar sprain/strain, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment to date has included work modifications, MRI, acupuncture, physical therapy, home exercise program, and anti-epilepsy, muscle relaxant, and pain medications. Prior facet injections at bilateral L4-5 and L5-S1 provided six months of improvement. On January 12, 2015, the treating physician noted constant, achy lower back pain. A recent sacroiliac injection provided overall improvement. Her pain improves with medications and a home exercise program. The physical exam revealed intact neuro-circulatory status and diffuse tenderness to palpation of lumbar spine, especially at bilateral L4-5 and L5-S1 facet joints. There was limited range of motion due to pain in flexion and extension, worse with extension. The muscle strength was normal in bilateral lower extremities and reflexes were normal. The treatment plan included refills of pain medications and a request for fluoroscopy-guided facet injection at bilateral L4-5 and L5-S1. On January 21, 2015, Utilization Review non-certified a request for fluoroscopy-guided facet injection at bilateral L4-5 and L5-S1, noting the injection s are not likely to promote functional recovery as the symptoms have been present for more than two years, and the guidelines do not support intra-articular corticosteroid administration. The Official Disability Guidelines (ODG), online version, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoro-guided facet injection at b/l L4-5, L5-S1: 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) Online version - Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinal tenderness symptoms without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing disc degeneration with protrusion changes. Submitted reports have not demonstrated support outside guidelines criteria as previous medial branch block have not demonstrated specific duration of relief identified, what improvement in ADLs, functional status, decrease in medication dosages, or medical utilization are specified. Submitted reports have not demonstrated support outside guidelines criteria. The Fluoro-guided facet injection at b/l L4-5, L5-S1 is not medically necessary and appropriate.