

Case Number:	CM15-0025398		
Date Assigned:	02/17/2015	Date of Injury:	07/02/2010
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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: Georgia

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 56 year old female, who sustained an industrial injury on 07/02/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar spondylosis, cervical radiculopathy, post laminectomy syndrome to the lumbar region, chronic pain syndrome, and depression. Treatment to date has included aqua therapy, medication regimen, acupuncture, use of a transcutaneous electrical nerve stimulation unit, psychotherapy, hypnosis, nerve blocks/injections, epidural steroid injections, lumbar radiofrequency ablation, cervical magnetic resonance imaging, lumbar computed tomography with myelogram, status post cervical laminectomy and cervical foraminotomy, and electromyogram. In a progress note dated 12/30/2014 the treating provider reports increased left sided low back pain and neck pain radiating shooting pains to the head. The pain is rated a six out of ten without medication and a two out of ten with medication. The treating physician requested lumbar facet injection for lumbar spondylosis but did not indicate a specific reason for this requested treatment. On 01/14/2015 Utilization Review non-certified the requested treatment of bilateral lumbar two to three facet injection under fluoroscopy between 01/12/2014 and 02/26/2015, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 12, Low Back Complaints and Official Disability Guidelines Treatment In Workers' Compensation, Online Edition Chapter: Low Back -Lumbar & Thoracic (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-L3 facet injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low back-lumbar and thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Pain Chapter

Decision rationale: Bilateral L2-L3 facet injection under fluoroscopy is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as 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 level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure is anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain; therefore the requested procedure is not medically necessary.