

Case Number:	CM15-0211455		
Date Assigned:	10/30/2015	Date of Injury:	01/12/2004
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on 1-12-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet arthropathy and lumbar stenosis. On 9-30-2015, the injured worker reported low back pain radiating to her left hip without lower extremity symptoms. The Treating Physician's report dated 9-30-2015, noted the injured worker status post facet injections on the left at L4-L5 and L5-S1 with 85% of her symptoms resolved for five months, with symptoms currently returning in the last month. The injured worker's current medications were noted to include Norco and Celebrex. The physical examination was noted to show mild to moderate discomfort on palpation to the midlumbar spine. The treatment plan was noted to include recommendation for a repeat injection of the facets on the left at L4-L5 and L5-S1 for diagnostic and therapeutic purposes. The request for authorization was noted to have requested a left facet joint injection at L4-L5 and a left facet joint injection at L5-S1. The Utilization Review (UR) dated 10-19-2015, denied the requests for a left facet joint injection at L4-L5 and a left facet joint injection at L5- S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left facet joint injection at L4-L5: 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), Low Back (updated 09/22/15) Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Left facet joint injection at L4-L5, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. Within the documentation available for review, the patient has undergone prior facet injections with improvement. It appears that the requested facet injections are requested as therapeutic injections, which is not recommended by Guidelines. As such, the currently requested Left facet joint injection at L4-L5 are not medically necessary.

Left facet joint injection at 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), Low Back (updated 09/22/15) Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Left facet joint injection at L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. Within the documentation available for review, the patient has undergone prior facet injections with improvement. It appears that the requested facet injections are requested as therapeutic injections, which is not recommended by Guidelines. As such, the currently requested Left facet joint injection at L5-S1 are not medically necessary.