

Case Number:	CM15-0213871		
Date Assigned:	11/03/2015	Date of Injury:	05/05/2009
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This is a 72-year-old male with a date of injury on 5-5-09. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-29-15 reports continued complaints of lower back pain with radiation of aching pain to the lateral hip, buttocks and anterior thigh. Physical exam: flattened lumbar lordosis, essentially zero extension, range of motion is restricted due to pain. MRI lumbar spine 8-11-09 showed multilevel disc degeneration. Electrodiagnostic studies 3-31-10 were negative. Lumbar facet blocks on 7-6-12 and 12-7-12 provided about 2 months of relief. Another lumbar facet block 1-31-14 provided some long-term relief. He also had conservative care. Request for authorization was made for 1 L2-L4 bilateral lumbar facet joint injection with fluoroscopic guidance under IV sedation and 1 Bilateral permanent lumbar facet injection (radio-frequency ablation) with fluoroscopic guidance under IV sedation. Utilization review dated 10-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L2-L4 bilateral lumbar facet joint injection with fluoroscopic guidance under IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, nerve 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 no more than one therapeutic intra-articular block is suggested and with positive significant relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up ADL limitation, progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, nerve facet injections are not recommended in patient who may exhibit radicular symptoms with identified degenerative discs performed over 2 joint levels concurrently (L2, L3, L4) as demonstrated here. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic 2009 injury. Submitted reports have not demonstrated support outside guidelines criteria. The 1 L2-L4 bilateral lumbar facet joint injection with fluoroscopic guidance under IV sedation is not medically necessary and appropriate.

1 Bilateral permanent lumbar facet injection (radiofrequency ablation) with fluoroscopic guidance under IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The patient has undergone multiple previous facets blocks for this 2009 injury. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial failure nor is there any new injury, acute flare-up, or progressive of clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, there is no MRI findings provided with severe significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function from the facet blocks concurrently being requested to support these RFA procedures. The 1 Bilateral permanent lumbar facet injection (radiofrequency ablation) with fluoroscopic guidance under IV sedation is not medically necessary and appropriate.