

Case Number:	CM15-0214366		
Date Assigned:	11/04/2015	Date of Injury:	03/03/2012
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on 3-3-12. The injured worker was being treated for thoracic or lumbosacral neuritis or radiculitis, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and long term use of medications. On 9-21-15, the injured worker complains of sharp, aching pain in low back rated 8 out of 10. Physical exam performed on 9-21-15 revealed tenderness to palpation over the lumbar paraspinal muscles, fact tenderness with deep palpation and limited range of motion. MRI of lumbar spine performed on 4-10-15 lumbar scoliosis, Grade 1 retrolistheses of L1 on L2 and L2 on L3, neural foraminal stenosis, L3-L4 disc disorder traversing left L4 nerve roots and exiting right L5 nerve root is contacted within the right L5-S1 neural foramen and disc degeneration L2-L3 through L5-S1. Treatment to date has included physical therapy, transforaminal epidural injections, and home exercise program, oral medications including Tramadol and Norco and activity modifications. On 9-24-15 request for authorization was submitted for bilateral L4-5 and L5-S1 medial branch block under fluoroscopic guidance. On 10-2-15 request for bilateral L4-5 and L5-S1 medial branch block under fluoroscopic guidance 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 L4-5, L5-S1 medial branch block under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar epidural steroids.

Decision rationale: Guidelines do not support facet joint injections as they are of questionable merit and provide no long-term functional benefit or reduce the need for surgery. However, one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is exacerbated by extension and rotation and not alleviated with conservative treatments. If the initial block produces relief of at least 50-70% for at least 6-8 weeks, additional blocks may be supported. In this case, the patient had ESI on 7/6/2015 with more than 2 months of relief. The request for bilateral lumbar facet joint injection L5-S1, and L4-L5 exceeds guideline recommendations, which limit injections to one level, and thus is not medically necessary.