

Case Number:	CM15-0216349		
Date Assigned:	11/06/2015	Date of Injury:	04/03/2015
Decision Date:	12/28/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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, District of Columbia, Maryland
 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 39 year old female, who sustained an industrial-work injury on 4-3-15. She reported initial complaints of lumbar pain. The injured worker was diagnosed as having low back myelopathy, low back arthropathy, and low back pain. Treatment to date has included medication, lumbar ESI (epidural steroid injection), trigger point injections to the lumbar paravertebral muscles and quadratus lumborum muscles on 9-15-15, 21 sessions of physical therapy, 12 sessions of acupuncture, 6 sessions of chiropractic care, back brace, and restrictions. MRI results were reported on 6-11-15 revealing severe foraminal stenosis at L5-S1 and facet arthropathy at L4-L5. Currently, the injured worker complains of band like low back pain at 3-5 out of 10 related to lumbar facets. There is no longer shooting pain into the legs and the muscle spasm component has also resolved. Medication includes Advil and is reluctant to take many meds. Prior physical therapy was helpful. Per the primary physician's progress report (PR-2) on 10-14-15, exam noted slight limited range of motion to the thoracic spine, sight touch sensation was intact. The lumbar exam noted minor increased tone in the lumbar paravertebral muscles and quadratus lumborum muscles without trigger points, decreased range of motion, pain with extension over the lower lumbar facets at L4-5 and L5-S1, and 1+ DTR (deep tendon reflexes) at ankle and knee. Current plan of care includes physical therapy, stretching exercises, medication, and steroid injections. The Request for Authorization requested service to include Lumbar facet steroid injection 1st level, 2nd level, 3rd level, fluoroscopic guidance and epidurography at levels L4-5 and L5-S1. The Utilization Review on 10-29-15 denied the request for Lumbar facet steroid injection 1st level, 2nd level, 3rd level, fluoroscopic guidance and epidurography

at levels L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet steroid injection 1st level, 2nd level, 3rd level, fluoroscopic guidance and epidurography at levels L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." Per the medical records submitted for review, MRI dated 6/11/15 revealed severe foraminal stenosis at L5-S1 and facet arthropathy at L4 and L5. As spinal stenosis is an exclusionary criterion, the request is not medically necessary.