

Case Number:	CM15-0217249		
Date Assigned:	11/09/2015	Date of Injury:	02/02/2015
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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 33 year old male, who sustained an industrial injury on 2-2-2015. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain, spasm of muscle, and myalgia-myositis. According to the progress report dated 9-23-2015, the injured worker presented with complaints of low back pain, especially with long walks. On a subjective pain scale, he rates his pain 3 out of 10. The physical examination of the lumbar spine reveals tenderness on the left, positive Fortin finger test on the left sacroiliac joint, and positive figure-4 test on the left. The current medications are Ultram, Tylenol, Norflex, and Voltaren gel. Previous diagnostic studies include MRI of the lumbar spine (6-10-2015). The MRI report shows right posterolateral annular tear at L5-S1. There is disc desiccation at this level. There is a 1 millimeter broad-based disc bulge and bilateral facet hypertrophy noted with mild bilateral foraminal narrowing. Treatments to date include medication management. Work status is described as modified duty. The original utilization review (10-20-2015) partially approved a request for left L4-5 and L5-S1 facet joint injection under fluoroscopy (original request was for left L3-4, L4-5, L5-S1 facet joint injection under fluoroscopy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5, L5-S1 Facet Joint Injections under Fluoroscopy: 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Initial Care, Physical Methods, 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 L3-4, L4-5, L5-S1 Facet Joint Injection under Fluoroscopy, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." They go on to state that no more than 2 facet joint levels are injected in one session. Within the documentation available for review, the current request for 3 facet joint levels exceeds the maximum number recommended by guidelines. In light of the above issues, the currently requested Left L3-4, L4-5, L5-S1 Facet Joint Injections under Fluoroscopy are not medically necessary.