

Case Number:	CM15-0038046		
Date Assigned:	03/06/2015	Date of Injury:	04/07/2011
Decision Date:	04/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 65-year-old female sustained an industrial injury on 4/7/11, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (7/29/14) showed marked inflammatory response at L3-4 with central stenosis, facet arthropathy at L4-5 and small right disc protrusion at L5-S1. The injured worker underwent lumbar facet joint injection at L3-S1 on 2/3/15. The injured worker reported approximately 30% pain decrease at her postoperative appointment on 2/10/15. In a visit note dated 2/20/15, the injured worker reported that her pain had returned to baseline. The injured worker also complained of shooting pain down the right side of her lower extremity and more throbbing pain in the back. The physician noted that the injured worker had not needed medication refills in quite some time but now needed them due to the injection not working. Current diagnoses included lumbar disc displacement without myelopathy, lumbar spine stenosis, sacral disorders and lower leg joint pain. The treatment plan included bilateral permanent lumbar facet injection at L3-4, L4-5 and L5-S1, and fluoroscopic guidance and IV sedation, and continuing medications (Topamax, Colace, Protonix, Norco, Nabumetane-relafin and Tylenol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent lumbar facet injection at L3-4, L4-5 and L5-S1, and fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. 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 Radiofrequency Neurotomy.

Decision rationale: Regarding the request for permanent lumbar facet injections, the records suggest that this procedure is a radiofrequency neurotomy. Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the prior procedure was noted to be facet joint injection rather than medial branch block and the patient received only 30% pain relief. In light of the above issues, the currently requested permanent lumbar facet injections are not medically necessary.