

Case Number:	CM15-0040805		
Date Assigned:	03/11/2015	Date of Injury:	03/27/2008
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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

Certification(s)/Specialty: Internal 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 41-year-old female, who sustained an industrial injury on 3/27/2008. She reported back pain, as a result of arising from a chair. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, sciatica, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included conservative measures, including diagnostics, medications, chiropractic, and physical therapy. Magnetic resonance imaging of the lumbar spine, dated 1/09/2015, noted moderate sized extrusion at L5-S1, causing moderate central canal narrowing, and possible contact with the left S1 and S2 nerve roots. Currently, the injured worker complains of low back pain, with radiation to her right buttock. Pain was rated 5/10 and reported as decreased and described as "has been the best in years". Medications included Norco, Nortriptyline, and Flexeril. Physical exam of the lumbar spine noted tenderness to palpation across the midline lumbosacral paraspinals and posterior superior iliac spine, right greater than left. Sensation was intact. The treatment plan included a lumbar facet injection, bilaterally at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection Bilaterally at L5-S1 with Conscious Sedation, Fluoroscopic Guidance, Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections) ACOEM 3rd Edition, Low back disorders (2011) <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The progress report dated 1/20/15 documented low back pain. Lumbosacral tenderness was noted. Negative straight leg raise. Strength was within normal limits. Sensation was intact. Gait was normal. Lumbar facet injections bilaterally at L5-S1, conscious sedation, fluoroscopic guidance, and epidurography were requested. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. MTUS, ACOEM, and ODG guidelines do support the request for lumbar facet injections bilaterally at L5-S1, conscious sedation, fluoroscopic guidance, and epidurography. Therefore, the request for lumbar facet injections bilaterally at L5-S1, conscious sedation, fluoroscopic guidance, and epidurography is not medically necessary.