MAXIMUS Federal Services

Case Number:	CM15-0047469		
Date Assigned:	03/19/2015	Date of Injury:	06/30/1996
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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

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 46 year old female, who sustained a work/ industrial injury on 6/30/96. She has reported initial symptoms of lumbar pain. The injured worker was diagnosed as having spinal stenosis, lumbar region without neurogenic claudication. Treatments to date included medication, diagnostics, home exercises. Currently, the injured worker complains of constant pain and spasticity in bilateral legs, buttocks, hips, knees, back and ankles and feet. The treating physician's report (PR-2) from 1/5/15 indicated per examination there was an antalgic gait, decreased range of motion of torso due to pain, pain with palpation over facets L4, 4, S1 bilaterally and pain with hyperextension with torso rotation, left upper extremity and left lower extremity positive for swelling 1.5 versus right positive 1 swelling, left leg strength 4/5 and right 5/5. Medications included Clonidine, Chlordiazepoxide HCL, Arthrotec, MS Contin, Norco, Provigil, Lidoderm, Lactulose, Soma, and Prilosec. Treatment plan included Lumbar Facet Injection L4-S1 Bilateral with Fluoroscopy and Sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection L4-S1 Bilateral with Fluoroscopy and Sedation: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic (Acute & Chronic) chapter, Facet Joint Diagnostic Block Injections.

Decision rationale: The patient presents with constant pain and spasticity in bilateral legs, buttocks, hips, knees, back and ankles and feet. The request is for LUMBAR FACET INJECTION L4-S1 BILATERAL WITH FLUOROSCOPY AND SEDATION. The RFA provided is dated 07/13/14. Patient's diagnosis included spinal stenosis, lumbar region without neurogenic claudication. Physical examinations showed pain with palpation over facets L4 and S1 bilaterally. The reports do not reflect whether or not the patient is working.ODG Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended.The rationale for the request is not provided. Per progress report dated 10/03/14, Lumbar MRI revealed overall mild degenerative changes throughout the lumbar spine. At L4-L5, there was mild spinal canal stenosis and mild bilateral neural foramina stenosis. No nerve root impingement was noted. Review of medical records does not indicate whether or not the patient has had prior facet injections. If the patient has had facet joint intra-articular injection, then the next step is diagnostic DMB blocks. ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. Hence, the request IS NOT medically necessary.