

Case Number:	CM15-0050239		
Date Assigned:	03/23/2015	Date of Injury:	05/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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 45 year old female, who sustained an industrial injury on 05/18/2012. She has reported injury to the low back. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis; lumbosacral spondylosis without myelopathy; lumbar facet syndrome; and sacroiliitis. Treatment to date has included medications, diagnostic studies, bracing, injections, and physical therapy. A progress report from the treating physician, dated 01/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain with referred right leg pain, never below the knee; current pain is rated 8/10 on the visual analog scale; and has had relief from prior facet injections. Objective findings included moderate tenderness to the L3-4, L4-5, and L5-S1 facets; moderate tenderness to palpation over the sacroiliac joints; and pain with lateral extension and rotation. The treatment plan has included physical therapy, medications, and lumbar injection. Request is being made for lumbar facet injection L2, 3, 4, and 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection L2,3,4,5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus christi, Tx; www.odg-twc.com; Section: Low Back - Lumbar & thoracic (Acute & chronic) (updated 1/30/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with low back pain with referred leg pain (not radicular, above the knee) rated at 8/10. The request is for LUMBAR FACET INJECTION L2, 3, 4, 5. The request for authorization is not provided. The patient is status-post Lumbar Facet Injection L2-5, 09/23/14. MRI of the lumbar spine, 02/14/13, shows 4mm annular protrusion / annular tear dislocates the budding right S1 root in the internal recess at L5-S1. Straight leg raise is negative. Bilateral lumbar dermatomes was not limited. The patient also complains of right arm pain. Prior conservative therapies have been tried and included physical therapy and NSAIDS. Medications do allow for ADL's to be completed and provide pain relief. Patient's medications include Butrans patch, Cyclobenzaprine, Reglan, Tramadol and Percocet. The patient's work status is not provided. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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)." Per progress report dated, 01/21/15, treater's reason for the request is "Patient will proceed with #2 RT DIAGNOSTIC LUMBAR FACET INJECTIONS L2, 3, 4, 5 and radiofrequency pending adequate pain relief from injections." The patient's previous lumbar facet injection was on 09/23/14. Per progress report dated, 10/13/14, treater documents, "follow-up visit after a #1 RIGHT LUMBAR FACET INJECTION AND SIJ. PATIENT STATES THAT SHE RECEIVED 95 % RELIEF FOR ABOUT TWO DAYS, THEREAFTER, PAIN STARTED BACK." If a facet joint diagnostic block is successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the ODG recommendation is to proceed to a medial branch diagnostic block. In this case, however, the initial facet joint injection was not successful, as patient failed to achieve pain relief for a duration of at least 6 weeks. It would appear that the patient has had a placebo response from intra-articular facet joint injections. Therefore, the request IS NOT medically necessary.