

Case Number:	CM15-0051182		
Date Assigned:	03/24/2015	Date of Injury:	10/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 39-year-old female who sustained an industrial injury on 10/5/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar spondylosis and lumbosacral strain. Treatments to date have included chiropractic treatments, acupuncture treatments, physical therapy, lumbar corset, analgesic, proton pump inhibitor, muscle relaxant, and activity modification. Currently on 2/3/15, the injured worker complains of pain in the lower back at 3-6/10 with numbness and tingling in lower leg and it was better with rest. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion negative SLR, 5/5 strength and normal strength. The plan of care was for facet injections and a follow up appointment at a later date. The patient sustained the injury when she was mopping the floor. The medication list includes Tylenol#3, Omeprazole, Nabumatone and Cyclobenzaprine. The patient has had MRI of the lumbar spine on 1/22 15 that revealed disc protrusions. The patient had received 12 chiropractic and 6 acupuncture visits for this injury. The patient had used a lumbar corset for this injury. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L4-L5 & L5-S1 Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) Facet joint intra-articular injections (therapeutic).

Decision rationale: Request: bilateral L4-L5 & L5-S1 Facet Injections. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Currently on 2/3/15, the injured worker complains of pain in the lower back at 3-6/10 with numbness and tingling in lower leg. The patient has had MRI of the lumbar spine on 1/22/15 that revealed disc protrusions. These symptoms are suggestive of possible radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. In addition, it is noted in the records that the patient's pain was relieved with rest. The request for bilateral L4-L5 & L5-S1 Facet Injections is not medically necessary for this patient.