MAXIMUS Federal Services

Case Number:	CM15-0059226		
Date Assigned:	04/03/2015	Date of Injury:	10/06/2006
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/28/2015

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, Indiana, New York
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 75 year old male, who sustained a work/ industrial injury on 10/6/06. He has reported initial symptoms of lumbar pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbago, thoracic or lumbar radiculopathy. Treatments to date included medication, diagnostics, surgery (L4-5 fusion), pain management specialist, physical therapy, acupuncture, and chiropractic treatment. Magnetic Resonance Imaging (MRI) was performed on 1/26/15. X-ray's were performed on 11/26/14. Currently, the injured worker complains of constant, stabbing, throbbing, shooting and tight back pain with associated numbness, tingling, stiffness, weakness, and spasms. Pain at worst is 10/10 and averages 5/10. The treating physician's report (PR-2) from 2/17/15 indicated facet tenderness is present on the lumbar spine at L3-S1, decreased range of motion, facet loading pain, patellar and ankle reflexes are 2/4 bilaterally. Treatment plan included bilateral L3-4, L4-5 & L5-S1 intra-articular facet blocks with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5 & L5-S1 intra-articular facet blocks with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Median Branch Block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral L3 - L4, L4 - L5 and L5 - S1 intra-articular facet blocks under fluoroscopy are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; and long-term use of other medications. The injured worker has failed conservative treatment and continues to experience significant pain. There are no radicular symptoms or objective findings on examination. The MRI results show facet pathology at L3 - L4 and L4 - L5 but there is no indication of facet pathology on the more current MRI at L5 - S1. The guidelines are specific in that no more than two levels should be injected bilaterally. The treating provider has requested three levels be injected from L3 - L4, L4 - L5 and L5 - S1. Consequently, absent compelling clinical documentation with guideline restrictions to no more than two facet joint levels injected at one session, bilateral L3 - L4, L4 - L5 and L5 - S1 intra-articular facet blocks under fluoroscopy are not medically necessary.