MAXIMUS Federal Services

Case Number:	CM15-0080012		
Date Assigned:	05/01/2015	Date of Injury:	08/01/1998
Decision Date:	06/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 68 year old female, who sustained an industrial injury on 8/1/98. She reported initial complaints of lower back. The injured worker was diagnosed as having lumbar spondylosis; bilateral lumbar facet syndrome; degenerative disc disease/facet disease lumbar spine; mechanical low back pain. Treatment to date has included physical therapy; chiropractic therapy; home exercise program; status post right hip replacement with antibiotic spacers (8/30/13); status post removal of spacers and replacement of prosthetic hip (12/10/13); recurrence of right hip infection and multiple hospitalization; status post right hip infection (2014); multiple lumbar steroid injections, radiofrequency; medications. Diagnostics included MRI lumbar spine (9/30/09). Currently, the PR-2 notes dated 3/6/15 indicated the injured worker complains of left shoulder pain; wound injection; insomnia follow-up; seizures follow-up and constipation follow-up. Injured states she has had left shoulder pain for the past year and came from using her walker. She states the pain is 10/10 and it is hard to get dressed. Treatment has been denied for left shoulder due to claim is for right side of body only. Currently taking Norco 5/325mg 1 tab every 4 hours PRN and needs it four times a day. She also takes Tylenol#3 1 tab TID, Motrin 800mg QID and Tylenol 325mg TID. Wound infection is not described but currently taking antibiotics. Insomnia is maintained with Ambien 10mg at bedtime and she states she is unable to sleep without it. The physical examination reveals tenderness to palpation to left shoulder especially to the posterior palpation and over the top of the trapezius into the cervical spine with severe tightening of the SEM muscle on the right side, forward and lateral extension limited to 20 degrees. She has edema in the lower extremity, side: bilaterally and severity: trace

with slightly worse on the right. She has had a right L4-5 and L5-S1 transforaminal epidural injection/ extradural myelogram on 11/1/2004, 4/4/2005 and again 12/11/14. Procedure notes submitted also indicated she had a radiofrequency right lumbar facet neurotomy at L3-L4, L4-L5 and L5-S1 under fluoroscopy on 6/20/2005. Other notes indicate the injured worker does have a cardiac history that includes a cardiac cath (2012), pacemaker and Coumadin (DVT). The provider has requested bilateral lumbar facet intra articular injection under fluoroscopy at L4-L5, L5-S1 done on 3/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet intra articular injection under fluoroscopy at L4-L5, L5-S1: 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, Facet Joint Intra-articular Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, the patient had facet injections and RFA at L4/5 already. It appears that the requested facet injections are requested as therapeutic injections, which is not recommended by Guidelines. Additionally, it appears the patient has history of lumbar fusion at the L5/S1 and it appears the patient has had active symptoms of radiculopathy recently. Guidelines do not support the use of facet injections in patients with history of lumbar fusion at the location being requested and in patients with active radiculopathy. In light of the above issues, the currently requested facet injections are not medically necessary.