

Case Number:	CM15-0080529		
Date Assigned:	05/01/2015	Date of Injury:	08/26/2013
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
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: New Jersey

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 August 26, 2013, incurring back injuries from repetitive lifting. She was diagnosed with lumbosacral sprain and facet arthropathy. Treatments included facet joint injections, physical therapy, muscle relaxants, anti-inflammatory drugs and pain medications. Currently, the injured worker complained of persistent lumbar spine pain. The treatment plan that was requested for authorization included repeat bilateral lumbosacral facet joint blocks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral L4-5, L5-S1 facet joint blocks for the lumbar spine: 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 intra-articular injections (therapeutic blocks).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back section, facet joint pain/injections.

Decision rationale: The MTUS is silent regarding therapeutic facet joint injections. The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the case of this worker, she received injections in the facet joints of L4-5 and L5-S1 levels on 6/11/14, with some report of success, which was vague in the documentation provided for review. Upon review of the records, there was no specific evidence of this benefit to clearly show at least 50% reduction in pain for at least 6 weeks following the injections to warrant a repeat therapeutic round of injections. Therefore, the request for repeat bilateral L4-5, L5-S1 facet joint blocks for the lumbar spine will be considered medically unnecessary at this time without this supportive evidence of benefit.