

Case Number:	CM15-0082183		
Date Assigned:	05/04/2015	Date of Injury:	08/01/2000
Decision Date:	06/24/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 52 year old male, who sustained an industrial injury on August 1, 2000. He reported low back pain and elbow pain with bilateral leg pain and associated depression. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, increased mechanical back pain, insomnia, depression and situational stress. Treatment to date has included diagnostic studies, physical therapy, lumbar injections, medications and work restrictions. Currently, the injured worker complains of elbow pain, low back pain and bilateral thigh and leg pain with associated depression, sexual dysfunction and sleep disruptions. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 12, 2015, revealed continued pain and associated symptoms. Bilateral lumbar injections at multiple levels were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Joint Injection levels L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in

Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a right lumbar facet injection at L3-L4 is not medically necessary.

Left Lumbar Facet Joint Injection Levels L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a left lumbar facet injection at L3-L4 is not medically necessary.

Right Lumbar Facet Joint Injection Levels L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a right lumbar facet injection at L4-L5 is not medically necessary.

Left Lumbar Facet Joint Injection Levels L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a left lumbar facet injection at L4-L5 is not medically necessary.

Right Lumbar Facet Joint Injection Levels 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, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a right lumbar facet injection at L5-S1 is not medically necessary.

Left Lumbar Facet Joint Injection Levels 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, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Acute and Chronic, Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, facet joint intra-articular injections.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (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). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for a left lumbar facet injection at L5-S1 is not medically necessary.