

Case Number:	CM15-0083178		
Date Assigned:	05/05/2015	Date of Injury:	04/19/2005
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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 62-year-old male; with a reported date of injury of 04/19/2005. The diagnoses include low back pain, lumbar degenerative disc disease, bulging lumbar disc, sciatica, lumbar radiculitis, and lumbar facet arthropathy. Treatments to date have included an MRI of the lumbar spine on 02/03/2015, oral medications, lumbar spine fusion, lumbar epidural steroid injection, and a computerized tomography (CT) scan of the lumbar spine. The progress note dated 04/09/2015 indicates that the injured worker continued to complain of low back pain with radiculitis. His current pain level was 8-9 out of 10 without pain medication. The injured worker's pain level was reduced to 6-7 out of 10 with medications alone, and 2-3 out of 10 with a lumbar epidural steroid injection in addition to pain medications. Norco reduced his pain level to 4-5 out of 10. The physical examination showed a slow, antalgic gait, decreased range of motion of the back due to pain, tenderness of the left lumbar paraspinal muscles, pain with limited range of motion, tenderness along the right lumbar facets, and weakness of the bilateral lower extremities. The treating physician requested left intra-articular facet injection at L4-S1 with sedation times two levels. On 04/16/2015, Utilization Review (UR) denied the request for left intra-articular facet injection at L4-S1 with sedation times two levels because the guidelines do not recommend facet injections in the presence of radiculopathy. The patient has had MRI of the low back on 2/3/15 that revealed disc bulge with foraminal narrowing, facet hypertrophy, s/p fusion. The medication list includes Sonata, Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Intra-Articular Facet Injection L4-S1 with Sedation (x2 levels): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ACOEM, Low Back, 2007 revised edition, 196-199; Official Disability Guidelines (ODG), Low Back, Lumbar Rhizotomy.

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 blocks).

Decision rationale: Request: (L) Intra-Articular Facet Injection L4-S1 with Sedation (x2 levels) 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. The diagnoses include low back pain, lumbar degenerative disc disease, bulging lumbar disc, sciatica, lumbar radiculitis, and lumbar facet arthropathy. The progress note dated 04/09/2015 indicates that the injured worker continued to complain of low back pain with radiculitis. The physical examination showed a slow, antalgic gait, weakness of the bilateral lower extremities, which is evidence of possible radiculopathy. The patient has had MRI of the low back on 2/3/15 that revealed that the patient has had fusion surgery. Per the cited guidelines for the requested procedure, there should be no evidence of radicular pain or previous fusion. 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.