

Case Number:	CM14-0119900		
Date Assigned:	08/08/2014	Date of Injury:	06/30/1996
Decision Date:	10/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old who sustained a work related injury on 6/30/96. As per 7/14/14 report, the injured worker presented with pain in the low back with transient numbness in the left leg from her foot to the left hip along with cramping and rated the pain at 6-7/10. Examination of the low back revealed decreased range of motion of torso due to pain, antalgic gait, 4/5 strength and tenderness on palpation over facets at L4, L5, S1 bilaterally and pain on hyperextension with torso rotation. She had a lumbar magnetic resonance imaging scan on 8/28/09 and on 5/7/12 that revealed L1-2 with a 1mm disc bulge posteriorly, L2-3 and L4-5 with disc bulge, posterior subluxation of L4 upon L5 and a minimal spondylolisthesis L5 upon S1. Her diagnoses were back pain, lumbar, spinal stenosis of lumbar region, degenerative disc disease; lumbar spine, sciatica, peripheral neuropathy, lower extremities, bilateral insomnia chronic, depression chronic and anxiety. She is currently on Lactulose, Lorazepam, Prilosec, Lidoderm 5% patch, Meloxicam, Provigil, and morphine sulfate controlled released Contin. She has had a spinal cord stimulator for this injury. The injured worker has received an unspecified number of physical therapy visits for this injury and she has used a transcutaneous electrical nerve stimulation unit for this injury. The injured worker's pain was relieved with medications and rest. She was approved for lumbar facet block injections at bilateral L4-5, L5-S1 with fluoroscopy and sedation on 12/7/13. The request for bilateral L4-5 and L5-S1 facet block injections was denied on 7/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet block injections: 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) Low Back Guidelines - facet joint medical branch blocks (therapeutic injections)

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 - Lumbar & Thoracic (Acute & Chronic), Facet Joint Injections

Decision rationale: According to the Official Disability Guidelines, lumbar facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intraarticular and medial branch blocks if used anyway are no more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 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), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time, if prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy, There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the injured worker was previously approved for approved for lumbar facet block injections at bilateral L4-5, L5-S1 with fluoroscopy and sedation on 12/7/13; there is no documentation of amount and duration of pain relief. There is no clear clinical evidence of facet arthropathy; however, there is documentation of radiculopathy. There is no imaging evidence of facet arthropathy. There is no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Therefore, the request is considered not medically necessary according to guidelines.