

Case Number:	CM14-0161064		
Date Assigned:	10/06/2014	Date of Injury:	04/23/2013
Decision Date:	12/24/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational and is licensed to practice in New York and North Carolina. 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:

This 36-year-old female sustained an industrial related injury on 04/23/2013, when she leaned over and felt a significant pull in her back. The L5-S1 facet joint injection (DOS: 11/01/2013) was requested for the treatment of low back pain with radiculopathy due to lumbago and degenerative disk disease. The injured worker had previously sustained work related injuries which resulted in an injury to right knee and right shoulder, back injury (of unknown mechanism) resulting in artificial disk replacements at the L4-L5 and L5-S1, degenerative disk disease, spondylosis, and lumbar post-laminectomy syndrome. A new patient evaluation, dated 06/26/2013, reports that the injured worker presented with complaints of severe and continuous pain in the low back. The physical exam showed tenderness across the lumbosacral junction with limited range of motion with discomfort noted with left bending and lateral rotation, minimal loss of motor strength to all muscle groups in the lower extremities, and decreased sensation over the right lateral calf and foot. X-rays were noted to show possible failure of the L4-L5 prosthesis with possible fracture of a portion of the implant. A CT scan was recommended and requested and a follow up note, dated 09/11/2013, reported facet degeneration at the L5-S1, and a facet injection or facet block bilaterally was recommended for diagnostic more than therapeutic reasons. According to the AME's review of the medical records, previous diagnostic testing has included EMG and nerve conduction studies (on 06/05/2013) which revealed chronic right L4 or L5 radiculopathy without electrodiagnostic evidence of generalized peripheral neuropathy in the lower extremity nerves. The injured worker was being treated with oral pain medications around the time the facet injection was completed. There was no documentation of changes in the injured worker's pain, functional deficits, or abilities in activities of daily living. Work functions were unchanged and there was no decrease in the injured worker's dependency on medical care. On 09/25/2014, Utilization Review non-certified a prescription for L5-S1 facet joint

injection (DOS: 11/01/2013) which was requested on 09/11/2014. The L5-S1 facet joint injection was non-certified based on lack of evidence of clinical support for this procedure per the ACEOM guidelines, and the insufficient documentation of conservative measures provided to the injured worker prior to the invasive procedure. The ACEOM Chapter 12 guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the L5-S1 facet joint injection (DOS: 11/01/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Facet joint injection (DOS 11/1/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's compensation, Low Back Procedure summary (updated 5/12/2014)

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

Decision rationale: Per the CA MTUS ACOEM guidelines (Low Back Complaints), facet joint blocks are of questionable utility. ODG recommends facet joint intraarticular and medial branch block injections for diagnostic purposes, not for treatment. The following are criteria for performing the injection(s):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. This patient has diagnosed radiculopathy by EMG and by neurological examination. She does not meet criteria for diagnostic injection of the facet joint. Therefore, the request for L5-S1 Facet Joint Injection is not medically necessary.