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| Case Number: | CM14-0211152 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 12/22/1986 |
| Decision Date: | 02/23/2015 | UR Denial Date: | 11/16/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 51 year old female presenting with a work related injury on 12/22/1986. Patient was diagnosed with lumbar facet joint syndrome, lumbar sprain/strain, lumbar disc protrusion, knee osteoarthritis, and lumbar degenerative disc disease with borderline spinal stenosis. The patient has tried right knee manipulation under anesthesia, and right total knee replacement with fibrous ankylosis. On March 27, 2014 the patient complained of back pain. Lumbar MRI on April 13, 2007 revealed multilevel degenerative disc disease with borderline spinal stenosis. According to the medical records the patient received facet joint injections. On November 6, 2014 the patient complained of flare lower back pain. The pain is exacerbated standing and being 24th left, such as washing dishes. The physical exam was significant for restricted range of motion by 50% with worsening in the lower back, left lumbar facet block of maneuvers, muscle stretch revealed relative hyperreflexia at the right knee, interpretations mildly pain on the left, palpation produced tenderness in the left lumbar paraspinal. Left L4 - L5 and L5 - S1 facet joint injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/5 and L5/S1 Lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Pain Chapter, Treatment Consideration: Lumbar Facet Injections.

Decision rationale: L4/5 and L5/S1 Lumbar facet injection is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as Modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. Although the physical exam does indicate facet pain, the MRI is not corroborating the physical exam. Additionally, the patient had a previous lumbar facet injection without documentation of a quantitative response; therefore the requested procedure is not medically necessary.