

Case Number:	CM14-0212324		
Date Assigned:	01/02/2015	Date of Injury:	12/26/2002
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This female worker was injured on 12/26/2002 while being employed. On physician office visit on 10/22/2014 she complained of low back pain that radiated to the lower extremities, upper back pain, bilateral arm pain and numbness and tingling in her hands. She states that pain medication and muscles relaxers make pain better. Medication regimen was noted as Norco 10/325 four times a day, Motrin 800mg two times a day, Tramadol, Soma 250mg two tablets a day and Lisinopril 10mg one per day. On examination she was noted to have decreased range of motion of the spine due to pain, pain with loading of the lumbar facets. Urine toxicity screen performed during office visit was negative. Per documentation she has history a lumbar fusion, MRI of the lumbar spine and physical therapy in the past; however no evidence of same was submitted for this review. Her diagnosis was status post lumbar fusion with back pain and radicular pain. She was noted to be medically retired with permanent disability, permanent and stationary. The physician recommended a L4-L5 lumbar facet injection for pain management. The documentation dated 11/24/2014 non-certified the request for bilateral lumbar facet joint injection L4-L5 under fluoroscopic guidance as not medically necessary. The reviewing physician referred to ODG Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Joint injection L4-L5 under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, there is no clear rationale for the use of facet joint injections rather than the medial branch blocks recommended by ODG. In light of the above issues, the currently requested facet injections are not medically necessary.