

Case Number:	CM14-0214051		
Date Assigned:	12/31/2014	Date of Injury:	06/30/2011
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 is a 48 year old male with a date of injury of 5/30/11. The patient is being treated for lumbago, radiculopathy, lumbosacral spondylosis without myelopathy. Subjective findings on 12/30/14 include pain below the level of his surgery with no radiation. He stopped physical therapy due to worsening pain. Objective findings include negative SLR, positive trigger points along lumbar paraspinous muscles and extension is 5 degrees with pain. MRI of the lumbosacral spine (1/31/13 prior to his surgery) reported as grade 1 retrolisthesis of L5 over S1, disc dessication and decreased height at L4-5 and L5-S1 and disc dessication at L2-3 with 2-3mm disc bulge. Treatment thus far has consisted of L2-3 extreme lateral interbody fusion on 4/30/24, medications (Voltaren cream, Advil, tramadol, Norco, cyclobenzaprine), physical therapy, chiropractic therapy, acupuncture and traction. The Utilization Review on found the request for L5-S1 Facet Injection times 3 to be non-certify due to lack of evidence demonstrating facet pathology necessitating a block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Facet Injection times 3: 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 Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks). Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch therapeutic blocks. ODG recommends "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 medical records do not meet the above guidelines with the documented previous fusion, more than one block being recommended and no formal exercise activity planned. In fact, physical therapy has stopped. ACOEM does not recommend Diagnostic Blocks". Similarly, Up to Date states Facet joint injection and medial branch block Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. As such, the request for L5-S1 Facet Injection times 3 is not medically necessary.