

Case Number:	CM14-0219311		
Date Assigned:	01/09/2015	Date of Injury:	01/13/2012
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, California

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on January 13, 2012. The injured worker has reported a low back injury. The diagnoses have included chronic pain syndrome, spinal enthesopathy, lower back pain, and unspecified fasciitis. Treatment to date has included oral medications, TENS, home exercise program, physical therapy, and intra-articular lumbar facet injections on September 18, 2014. Currently, the IW complains of lumbar region pain, described as a constant ache, reporting significant improvement of the pain with the lumbar facet joint injections, with greater than 60% improvement in pain and function for greater than six weeks. The Requesting Physician's note dated November 20, 2014, noted that the injured worker requested repeat lumbar facet injections with the goal of being able to further decrease medication use. Physical examination was noted to show lumbar spinal, paraspinal, and facet L4-S1 tenderness, with positive lumbar facet loading maneuvers. Per the doctor's note dated 1/14/14 patient had complaints of low back pain radiating down to leg at 4-5/10 Physical examination of the lumbar region revealed positive facet loading test and tenderness on palpation. The medication list include Ambien, norco, Celebrex, Naprosyn, Norflex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FACET JOINT INJECTION BILATERAL L4/L5 AND L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint intra-articular Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 03/03/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar

Decision rationale: Request: REPEAT FACET JOINT INJECTION BILATERAL L4/L5 AND L5/S1 ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are 'Not recommended except as a diagnostic tool. Minimal evidence for treatment. 'Per the cited guidelines, facet joint intraarticular injections are 'Under study. "In addition, regarding facet joint injections, ODG states, "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... 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 patient has had intra-articular lumbar facet injections on September 18, 2014. As per cited guideline '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 medical branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).' Per the doctor's note dated 1/14/14 patient had complaints of low back pain radiating down to leg at 4-5/10 so there is evidence of radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Patient has received an unspecified number of the PT visits for this injury till date. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Repeat Facet Joint Injection Bilateral L4/L5 AND L5/S1 is not fully established in this patient.