

Case Number:	CM15-0007167		
Date Assigned:	01/29/2015	Date of Injury:	01/04/2004
Decision Date:	03/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 66 year old female was injured in a slip and fall industrial accident on 1/4/04 injuring her back. She currently is experiencing low back pain. Medications are trazadone, Buspar, Cymbalta and lorazepam. Diagnoses include left L5-S1 neuritis with sacroiliitis; lumbar degenerative discs with multiple bulges and annular fissure at L2-3; left greater trochanteric bursitis with Iliotibial band syndrome; diabetes and depression. Treatments include chiropractic sessions, pain management who performed lumbar facet joint injections without improvement and physical therapy with minimal improvement. Diagnostic include MRI, electrodiagnostic studies which were abnormal. Functional capacity was not discussed in the available information. The treating physician requested Soma but there was no explanation as to why. On 12/5/14 Utilization review non-certified the request for lumbar facet joint injection bilateral L2-3, L3-4, L4-5 X 6 (after one week) lumbar facet joint injection bilateral L2-3, L3-4, L4-5 X 6 citing ODG: Low Back and MTUS/ ACOEM Guidelines: Low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injections at L2 - L3, L3 - L4, and L4 - L5, x 6 (after one week):
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

Decision rationale: This patient presents with constant low back pain with sharp shooting pain in the lower extremities with numbness and tingling. The current request is for bilateral lumbar facet joint injections AT L2-L3, L3-L4 AND L4-L5 X6 (after one week). The Utilization review denied the request stating that "this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery." ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. In this case, the patient presents with radicular symptoms and ODG support diagnostic blocks for patients with non-radicular symptoms. Furthermore, this is a request for a 3-level block and ODG states that "no more than 2 levels bilaterally are to be injected." This request IS NOT medically necessary.

Bilateral lumbar facet joint injections at L2 - L3, L3 - L4, and L4 - L5, x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter regarding Facet joint diagnostic blocks

Decision rationale: This patient presents with constant low back pain with sharp shooting pain in the lower extremities with numbness and tingling. The current request is for bilateral lumbar facet joint injections AT L2-L3, L3-L4 AND L4-L5 X6. The Utilization review denied the request stating that "this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery." ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. In this case, the patient presents with radicular symptoms and ODG support diagnostic blocks for patients with non-radicular symptoms. Furthermore, this is a request for a 3-level block and ODG states that "no more than 2 levels bilaterally are to be injected." This request IS NOT medically necessary.

