

Case Number:	CM15-0101173		
Date Assigned:	06/03/2015	Date of Injury:	01/18/2005
Decision Date:	09/18/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

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 65 year old male, who sustained an industrial injury on January 18, 2005. Treatment to date has included MRI of the lumbar spine, chiropractic therapy, physical therapy, acupuncture therapy, spinal injections, and lumbar spine fusion. An evaluation on April 1, 2015 reveals the injured worker complained of low back pain with radiation of pain to the bilateral lower extremities. On physical examination the injured worker hemodialysis decreased range of motion of the lumbar spine and tenderness to palpation with spasm noted. He had decreased sensation to the L4-L5, S1 dermatomes on the left and to the bilateral thighs. He had decreased motor strength in the left quadriceps and bilateral positive straight leg raise. The diagnoses associated with the request included failed back syndrome and lumbar radiculitis. The treatment plan includes topical pain cream, Norco, Baclofen, Ambien, Neurontin and Duexis. A request was received for diagnostic left L4-L5 and L5-S1 lumbar facet (medial branch block) injection under fluoroscopy as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Diagnostic left L4-L5, L5-S1 Lumbar Facet (Medial Branch Block) Injection, under fluoroscopy, 1 injection, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epiduralsteroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.