MAXIMUS Federal Services

Case Number:	CM15-0013285		
Date Assigned:	02/02/2015	Date of Injury:	03/31/1998
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: Emergency Medicine

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 71 year old female, who sustained an industrial injury on 3/31/1998. She has reported back pain with associated lower extremity pain. Magnetic Resonance Imaging (MRI) from 5/15/14 significant for multilevel disc disease, spondylolistheses, central canal stenosis, annular tearing L1-2 and L4-5, foraminal narrowing, and radiculopathy. The diagnoses have included lumbosacral spondylosis, lumbosacral disc degeneration. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, bilateral nerve root blocks and facet blocks. Currently, the IW complains of persistent low back pain with radiation to legs rated 7/10 VAS. On 11/4/14, the physical examination was significant for tenderness and pain over lower facet and sacroiliac joints. The provider documented nerve root blocks on 8/11/14 to L4 and L5 were not successful. The plan of care was for bilateral facet blocks to L4, L5, and S1. On 1/6/2015 Utilization Review non-certified bilateral L4-L5 and S1 facet and sacroiliac joint block with fluoroscopy under sedation, noting the documentation did not support the medical necessity per guidelines. The MTUS, ACOEM, and ODG Guidelines were cited.On 1/22/2015, the injured worker submitted an application for IMR for review of bilateral L4-L5 and S1 facet and sacroiliac joint block with fluoroscopy under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5-S1 Facet and Sacroiliac joint block with fluoroscopy sedation: 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): 300, 309 (Table 12-8). Decision based on Non-MTUS Citation Low Back Chapter, Facet joint injections

Decision rationale: The request is for bilateral L4, L5, S1 facet and sacroiliac joint block with fluoroscopy (radiologic guidance), under sedation. Facet joints are small joints at each segment of the spine. According to the ACOEM guidelines within the MTUS, invasive methodologies for treatment of low back pain, such as facet joint injections (with cortisone and lidocaine) are of questionable merit. According to Table 12-8, facet joint injections are not recommended as an option, due to a paucity of supporting evidence. The MTUS guidelines does not address facet joint injections further. While the injured worker has had a protracted course of treatment, based upon this aspect of the MTUS guidelines alone, the facet joint injections would not be recommended. To consider further, the ODG Low Back Chapter addresses facet joint injections, and suggests the clinical presentation should be consistent with facet joint pain, signs, and symptoms. One set of diagnostic medial branch blocks is required with a response of 70% and is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. No more than 2 facet joint levels are injected in one session. The use of IV sedation (including midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The request is for a total of 4 levels, which alone exceeds the ODG recommendations. The injured worker previously underwent a selective nerve block of L2-L5 without any clear documentation of a satisfactory decrease in pain. Furthermore, the plan is for IV sedation without clear documentation that the risk of diagnostic discrepancy due to sedation is necessary for the injured worker. The request as written is not supported by the MTUS and ODG guidelines and therefore is not medically necessary.