

Case Number:	CM15-0015383		
Date Assigned:	02/03/2015	Date of Injury:	05/16/2008
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 62 year old female who sustained an industrial injury on 05/16/08. She reports chronic low back pain, facet arthropathy at L4-5, and low back spasming. Treatments to date include massage therapy, traction manipulation and medications. Diagnoses include chronic lumbar spondylosis, chronic lumbar back pain with spasming and facet arthropathy. In a progress noted dated 01/06/15 the treating provider reports significant limitation in her range of motion, tenderness on palpation, muscle spasm and normal sensation and strength. Patient has received an unspecified number of massage and chiropractic visits for this injury. The medication list include Flexeril, Percocet and Soma. The patient's surgical history include left foot surgery. The past medical history includes fracture of clavicle and rib. She has had MRI of the lumbar spine on 03/28/2014 that revealed lumbar spine disc protrusion and facet arthrosis and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar Facet Joint Injections At Right L4-L5 Times 2 As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 intra-articular injections (therapeutic blocks)

Decision rationale: Request: 2 Lumbar Facet Joint Injections At Right L4-L5 Times 2 As An Outpatient. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study." 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 records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. 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 2 Lumbar Facet Joint Injections At Right L4-L5 Times 2 As An Outpatient is not fully established in this patient.