

Case Number:	CM15-0016732		
Date Assigned:	02/05/2015	Date of Injury:	02/21/2013
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 44 year old male, who sustained an industrial injury on February 21, 2013. He has reported lower back and right knee injuries. The diagnoses have included lumbago, lower back pain, degeneration of lumbar intervertebral disc, and sacroilitis, and lumbar facet joint syndrome. Treatment to date has included MRI, pain and muscle relaxant medications, rest, work modifications, physical therapy, home exercise program, chiropractic treatments, rest and sacroiliac joint injection. On Dec17, 2014, the treating physician noted chronic low back and right hip pain, which is relieved by 5-65% by his current treatment. His pain is in the lower back/buttock with radiation to the right hip. The physical exam revealed normal motor strength and deep tendon reflexes bilaterally throughout, intact sensation to light touch, and normal gait. There was tenderness to palpation of the lumbar paraspinal musculature, right sacroiliac joint tenderness, positive right Faber's test, and increased pain with extension and flexion. The treatment plan included proceeding with the lumbar facet injections. On January 14, 2015, Utilization Review non-certified a request for right lumbar facet injections, lumbar 4-lumbar 5 and lumbar 5-sacral 1, with oral sedation, noting the lack of documentation of a plan to proceed with facet neurotomy at the specified levels if the block is unsuccessful. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Injections, L4-L5, L5-S1 with oral sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8/Summary of Recommendations for Evaluation and Management of Low Back Complaints. Decision based on Non-MTUS Citation Low Back/Lumbar & Thoracic/Acute & Chronic

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of lumbar facet injections as a treatment modality. In Chapter 12/Low Back Complaints, Table 12-8 provides a summary of a number of different treatment options for low back pain. Facet joint injections are not recommended due to lack of evidence of efficacy. The Official Disability Guidelines also comment on the use of facet joint injections. These guidelines state that the use of facet joint injections is under investigation. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. 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. In this case, based on the above cited guidelines the proposed right lumbar facet injections at L4-5 and L5-S1 are not considered as medically necessary. The MTUS Guidelines indicate that this treatment modality is not recommended. Further, the Official Disability Guidelines do not support the use of facet injections. In summary, right lumbar facet injections at L4-5 and L5-S1 are not considered as medically necessary.