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| Case Number: | CM15-0114580 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 10/05/1999 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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 48 year old female sustained an industrial injury to the low back on 10/5/99. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, facet blocks and medications. The injured worker had been recommended for multilevel lumbar fusion in the past but had been managing with moderate relief via lumbar facet blocks two to three times per year and medications, which allowed her to remain functional. The injured worker reported getting 70-80% relief from facet blocks with 40-50% reduction in pain medication usage. In a progress note dated 5/14/15, the injured worker reported a two-day history of flare up of low back and sacral pain. The most recent facet block injection was on 1/13/15. Current medications included Suboxone, Effexor, Advil, Aleve and Gabapentin. Physical exam was remarkable for tenderness to palpation over the lumbar facets bilaterally with spasms in the low back primarily on extension, negative straight leg raise and intact neurologic exam. Current diagnoses included lumbar facet syndrome. The treatment plan included L4-5 and L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic facet joint medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this chronic injury 1999. Additionally, facet injections/blocks are not recommended in patients who may exhibit radicular symptoms s/p lumbar epidurals, and performed over 2 joint levels concurrently (L4, L5, S1) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Additionally, submitted reports did not show extenuating circumstances to repeating injections recent done in January 2015 without documented functional improvement from previous treatment rendered beyond the guidelines criteria. The Bilateral L4-5, L5-S1 Facet injections is not medically necessary and appropriate.