

Case Number:	CM15-0116052		
Date Assigned:	06/24/2015	Date of Injury:	11/26/1997
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old woman sustained an industrial injury on 11/26/1997 after a slip and fall in an elevator. Evaluations include lumbar spine MRIs dated 12/24/2014 and 12/10/2013. Diagnoses include low back pain, lumbar radiculitis, myofascitis, degenerative disc disease, sacroiliitis, lumbar facet joint syndrome, and muscle spasm. Treatment has included oral and topical medications, aquatic therapy, sacro-coccygeal injection, and epidural steroid injections. Physician notes dated 1/19/2015 show complaints of low back and right leg pain rated 8/10. Recommendations include Norco, Ibuprofen, Fentanyl patches, lumbar facet injection, possible future joint rhizotomy, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral l3-5 facet injections under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint intraarticular injections (therapeutic blocks).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Bilateral L3/4 and L4/5 facet injections were done in February 2015 with the injectate including triamcinolone and bupivacaine. Medial branch radiofrequency ablation had been offered but the claimant declined to undergo the procedure. When seen, there was facet tenderness and decreased right lower extremity sensation. The claimant had tried aquatic therapy without improvement. Her BMI is nearly 36. Criteria for the use of therapeutic intra-articular and medial branch blocks include an absence of radicular pain, spinal stenosis, or previous fusion, that no more than two joint levels are blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise. If successful with 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. In this case, the claimant has decided against medial branch radiofrequency ablation which reflects the process of informed consent. However, the degree and duration of pain relief from the previous injections is not documented. Additionally the number of levels is more than that recommended. The request is not medically necessary.