

Case Number:	CM15-0124954		
Date Assigned:	07/09/2015	Date of Injury:	04/01/1989
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 70 year old female, who sustained an industrial injury on 4/1/89. The diagnoses have included lumbosacral spondylosis without myelopathy, sacroiliitis, lumbar/thoracic radiculopathy and insomnia. Treatment to date has included medications, activity modifications, heat, acupuncture, inversion table, pool therapy and swimming. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of back and leg pain. She complains of low back pain for more than 10 years and is getting worse. She describes the pain as aching, knife-like and throbbing and it radiates to the bilateral lower extremities. She rates the worst pain as 8/10 on pain scale, average pain is rated 5/10. She also reports numbness in association with her pain. The physical exam reveals that the lumbar paraspinal muscle has tenderness, there is positive facet loading bilaterally, the palpation of the sacroiliac joints reveals pain, there is decreased sensation to light touch and pinprick, straight leg raise is positive bilaterally, the sacroiliac stress test is positive bilaterally, and Patrick's test is positive on the right. The current medications included Ambien, Omeprazole, Piroxicam, Clonazepam, Flexeril, Ambien, Meloxicam, Lyrica and Percocet. There are no diagnostic reports included in the records and there is no previous physical therapy, acupuncture or pool therapy records noted. The physician requested treatment included bilateral diagnostic lumbar facet medial branch block L3, L4-5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral diagnostic lumbar facet medial branch block L3, L4-5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Table 12-8.

Decision rationale: The request is for bilateral diagnostic lumbar facet medial branch block L3, L4-5 under fluoroscopic guidance. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per ACOEM guidelines, epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended. Lumbar facet neurotomies reportedly produce mixed results. The request as written is not supported by the MTUS guidelines, and therefore is not medically necessary.