MAXIMUS Federal Services

Case Number:	CM15-0172828		
Date Assigned:	09/14/2015	Date of Injury:	09/02/1992
Decision Date:	10/26/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/02/2015

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, North Carolina
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:

This is a 68-year-old female worker who was injured on 9-2-1992. The medical records indicated the injured worker (IW) was treated for status post lumbar fusion and lumbar facet degenerative joint disease. The progress notes (7-16-15) indicated the IW had back pain rated 8 to 9 out of 10. Medications were Ultram ER, Lyrica and Cymbalta. She had failed numerous other narcotic, NSAID and neuropathic agents. She had difficulty standing for long periods of time to dress, cook and to work at home. Her pain was across the back at the L5-S1 facet region with no pain down the left leg. On physical examination (7-16-15) she ambulated independently. There was severe pain and hypersensitivity to touch at the L5-S1 facet. Forward flexion of the lumbar spine was more painful in the paraspinals than extension. Stork maneuver, facet loading and hyperextension of the back caused pain. Strength testing and reflexes of the upper and lower extremities were without deficits. The treating provider noted the IW had excellent benefit from facet joint injections in 2013. He also indicated she was having collapse at this level below her L4-5 fusion, causing significant decrease in her function. A Request for Authorization was received for bilateral L5-S1 facet injection. The Utilization Review on 8-5-15 non-certified the request for bilateral L5-S1 facet injection, as the ODG guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, 2013 Facet joint intra-articular injections (therapeutic blocks).

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 (therapeutic blocks).

Decision rationale: MTUS Guidelines do not specifically address lumbar facet injections. ODG recommends no more than one therapeutic block. There should be no evidence of radicular pain, spinal stenosis or previous fusion in patients under consideration for a therapeutic block. In this case, the patient had a previous successful facet injection in 2013. Guidelines recommend proceeding to a medial branch diagnostic block after facet injection. There is no rationale provided as to why a repeat facet block (not recommended) should be performed against guidelines. In addition, the patient has had a previous lumbar fusion which should disqualify her from the bilateral L5-S1 facet injection requested. Therefore, the request is not medically necessary or appropriate.