

Case Number:	CM15-0174102		
Date Assigned:	09/22/2015	Date of Injury:	12/13/2010
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a 60-year-old male worker with a date of injury 12-13-2010. The medical records indicated the injured worker (IW) was treated for pain in joint, shoulder; injury not otherwise specified, shoulder-upper arm; degeneration lumbar or lumbosacral disc; and lumbar disc displacement without myelopathy. In the 8-6-15 progress notes, the IW reported left shoulder pain and low back pain. Objective findings on 8-6-15 included normal muscle strength and tone in the bilateral lower legs, with reflexes within normal limits. Lumbar extension was 10 degrees, extension was 50 degrees and left and right lateral bending was 15 degrees. There was no guarding or spasm in the lumbar paraspinals, but significant tenderness was noted over the bilateral L3-4 through L5-S1 facet joints. Straight leg raise was negative. MRI of the lumbar spine on 8-11-11 showed multilevel posterior herniated discs, spinal canal narrowing at L3-4 and L4-5 and herniated disc touching the bilateral exiting nerve roots from L3-4 through L5-S1. Treatments included medications (Naproxen and Norco), facet blocks and radiofrequency facet rhizotomies at bilateral L3 through L5 (3-19-13), which did not improve the pain; and bilateral L4-5 and L5-S1 facet injections (5-15-12, 10-15-13 and 4-29-14), which were helpful. The provider stated the IW was able to sit and stand for longer periods of time and has better range of motion of the lumbar spine, so he can perform home exercise more easily and effectively with facet injections. The treatment plan included facet injections and possible shoulder surgery. A Request for Authorization was received for bilateral lumbar facet joint injection at L4-5 and L5-S1, fluoroscopic guidance and IV sedation. The Utilization Review on 8-13-15 non-certified the request for bilateral lumbar facet joint injection at L4-5 and L5-S1, fluoroscopic guidance and IV sedation because the CA MTUS ACOEM and Official Disability Guidelines - Treatment in Workers' Comp (ODG-TWC) criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injection at L4-L5 and L5-S1 with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: With regard to facet injections, ODG states: "Under study. 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." "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." Per the medical records, the injured worker is status post bilateral intra-articular facet joint injection at L4-L5 and L5-S1 4/29/14 which gave him around 50% pain reduction. Prior to that injection, the injured worker also had another intra-articular facet injection at bilateral L4-L5 and L5-S1 on 10/15/13 which also provided 50% pain reduction for 5 months. While it is noted that the injured worker has completed physical therapy, LESI, acupuncture, and continues to be symptomatic; the guidelines do not recommend more than one therapeutic intra-articular block. The request is not medically necessary.