

Case Number:	CM15-0176337		
Date Assigned:	09/17/2015	Date of Injury:	08/23/2014
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 36 year old female who sustained an industrial injury on 8-23-14. Progress report dated 7-6-15 reports continued complaints of bilateral low back pain radiating to the right buttock. The injured worker reports no improvement since receiving fluoroscopically guided diagnostic right sacroiliac joint injection. The pain is aggravated by bending, twisting, lifting, standing and walking. Medications include: norco 10-325 mg, ibuprofen 600 mg daily and flexeril. Upon exam, lumbar range of motion is restricted by pain in all directions and there is tenderness over bilateral L4-5 and L5-S1 facet joints and right sacroiliac joint. Diagnoses include: lumbar facet joint pain L4-5, L5-S1, lumbar facet joint arthropathy, chronic low back pain and depression. Plan of care includes: fluoroscopically guided diagnostic right L4-5 and right L5-S1 facet joint medial branch block to evaluate for the presence of right lumbar facet joint pain as the reason for the right low back pain symptoms, failed physical therapy and NSAIDs, follow up 2 weeks after the injection. Follow up in 4 weeks. Work status: temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided diagnostic facet joint medial branch block right L4-L5 and right L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations, General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic) and Other Medical Treatment Guidelines
www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Main%20Menu/Tools%20&%20Resources/Policies%20and%20Protocols/Medicare%20Advantage%20Reimbursement%20Policies/P/ParavertFacetJntInject_10222012.pdfwww.cms.gov.

Decision rationale: Regarding the request for Fluoroscopically guided diagnostic facet joint medial branch block right L4-L5 and right L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. United healthcare states "Fluoroscopic or Computed Tomography (CT) image guidance and localization are required for the performance of paravertebral facet joint injections described by CPT codes 64490, 64491, 64492, 64493, 64494, and 64495. For paravertebral spinal nerves and branches "image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components of CPT codes 64490, 64491, 64492, 64493, 64494, and 64495." Medicare has a similar statement. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of facet arthropathy. Furthermore, it is conservative treatment measures have been attempted for this patient's diagnoses prior to the currently requested facet blocks. As such, the currently requested Fluoroscopically guided diagnostic facet joint medial branch block right L4-L5 and right L5-S1 are medically necessary.