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| Case Number: | CM15-0179150 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 09/14/2006 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Physical Medicine & Rehabilitation

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 injured worker is a 61 year old female who reported an industrial injury on 9-14-2006. Her diagnoses, and or impressions, were noted to include: lumbar back pain with radiculopathy; lumbar spinal stenosis; lumbar degenerative disc disease; numbness; facet arthropathy; obesity, asthma, and depression with emotional problems. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging of the lumbar spine on 3-5-2013; medication management; and rest from work. The progress notes of 8-12-2015 reported: the purpose of the visit was for medication issue-maintenance; that she went to the Emergency Room (ER) the previous Wednesday for difficulty breathing and was discharged home; that she was awaiting lumbar facet injections; that her current medication regimen continued to be helpful in increasing daily function without causing intolerable effects; there was no changes in her general health; and that the pain and breathing prevented her from holding the urine catch cup for toxicology screening, necessitating her needing a hat. The objective findings were noted to include: no acute distress; morbid obesity; that she was house confined (a noted change from the previous month when she could go out with assistance); used a wheelchair; rested or reclined 50-70% of her waking day (up from 25-50% from the previous month); was not up and out of bed or out of her house daily (a noted change from being up and out of bed daily, from the previous month); her pain was located in the right leg, right buttock, bilateral low back and bilateral ankles-feet, was said to be "worse-better", rated 4-8 out of 10 with medications and 5-9 out of 10 without with improved frequency, was made worse by activity, movements and weather, and made better by rest and medications; that her pain was worse in the afternoon, and

that her tolerance pain level was 5 out of 10. The review of systems noted complaints, which included: balance problems, fatigue, shortness of breath at rest, and depression. The physician's requests for treatment were noted to include bilateral lumbar 3-5 facet injections. The Request for Authorization for at left lumbar 3-5, under fluoroscopy and sedation, as an outpatient was not noted in the medical records provided. The Utilization Review of 8-20-2015 non-certified the request for lumbar facet injections at left lumbar 3-5, under fluoroscopy and sedation, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections at right L3-L5 under fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up, positive clinical findings, and progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and diagnosis of lumbar radiculopathy, or performed over 2 joint levels concurrently (L3, L4, L5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar facet injections at right L3-L5 under fluoroscopy and sedation is not medically necessary or appropriate.

Lumbar facet injection at left L3-L5 under fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is

suggested and with positive significant pain relief of 70% for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up, positive clinical findings, and progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, facet injections/blocks are not recommended in-patient who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and diagnosis of lumbar radiculopathy, or performed over 2 joint levels concurrently (L3, L4, L5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar facet injections at left L3-L5 under fluoroscopy and sedation is not medically necessary or appropriate.