

Case Number:	CM15-0023307		
Date Assigned:	02/12/2015	Date of Injury:	10/01/2009
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female with an industrial injury dated 10/01/2009 while lifting a case of drinks. Her diagnoses include lumbar strain/sprain with aggravation of lumbar degenerative disc disease, status post multiple lumbar surgeries with lumbar fusion, lumbar radiculopathy, left lower extremity foot drop associated with radiculopathy, and chronic pain syndrome with chronic narcotic usage. Recent diagnostic testing has included MRI of the lumbar spine (11/03/2014) (per the utilization review report) showing a stable anterior lumbar fusion with artifact from the screws and a solid fusion at the L5-S1 level. Previous treatments have included conservative care, medications, psychiatric therapy, and an anterior and posterior L5-S1 lumbar fusion (07/27/2011) and left L5 foraminotomy (08/24/2011). In a progress note dated 01/12/2015, the treating physician reports constant low back pain with numbness and tingling radiating into both lower extremities with a pain rating of 5-8/10. The objective examination revealed tenderness to palpation of the lumbar spinous processes, fewer spasms in the paraspinal musculature with the use of Zanaflex, limited range of motion in all planes with noted stiffness, and decreased sensation in the bilateral shins, and noted weakness. The treating physician is requesting bilateral L5 lumbar facet block injection which was denied by the utilization review. On 01/20/2015, Utilization Review non-certified/modified a request for bilateral L5 lumbar facet block injection, noting the radicular symptoms with evidence of nerve root compression with motor and sensory deficits in the left lower extremity and the recommendation for facet blocks 'only' if there is no evidence of radicular symptoms. The ACOEM and ODG

Guidelines were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of bilateral L5 lumbar facet block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 lumbar facet block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: California MTUS guidelines on page 300 indicate invasive techniques for example local injections and facet joint injections of cortisone and lidocaine are of questionable merit. ODG guidelines indicate that there is conflicting evidence as to the procedure and at this time no more than 1 therapeutic intra-articular block is suggested. If successful with pain relief of at least 50% for a duration of at least 6 weeks the recommendation is to proceed with a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. If a therapeutic joint block is undertaken it should be used in conjunction with other conservative care including exercise to facilitate functional improvement. There is lack of evidence of long-term effectiveness of intra-articular steroid facet joint injections and they are not currently recommended as a treatment modality in most evidence-based reviews. As such, the request for therapeutic bilateral L5 lumbar facet block injections is not supported by guidelines and the medical necessity is not established. With regard to diagnostic blocks the guidelines indicate radicular pain should not be present and the block cannot be performed at the level of a prior fusion. Documentation indicates the presence of radicular pain with L5 radiculopathy and the presence of a fusion at L5-S1. The guideline criteria are not met and the medical necessity of diagnostic blocks at L4-5 or L5-S1 is also not established.