

Case Number:	CM15-0026237		
Date Assigned:	02/18/2015	Date of Injury:	11/26/2010
Decision Date:	08/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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, 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:

This injured worker is a 47 year old male who reported an industrial injury on 11/26/2010. His diagnoses, and or impression, were noted to include: cervicalgia; degeneration of cervical inter-vertebral disc; brachial neuritis/radiculitis; lumbago; lumbosacral spondylosis without myelopathy; degeneration of lumbar inter-vertebral disc; and depression. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include psychological evaluation and treatment; medication management; and rest from work. The progress notes of 12/22/2014 reported complaints which included continued lumbar pain, neck pain, difficulty sleeping, loss of interest in activities, difficulty concentrating, feeling depressed, and sexual dysfunction. Objective findings were noted to include no acute distress; and that the lumbar pain originated from the facet joints. The physician's requests for treatments were noted to include diagnostic bilateral lumbosacral articular facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Intra-articular facet injections at bilateral L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. 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).

Decision rationale: Regarding the request for Outpatient Intra-articular facet injections at bilateral L4-5, L5-S1, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Also, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Within the documentation available for review, it is unclear what conservative treatment measures have been attempted for this patient's diagnoses prior to the currently requested facet injections. In light of the above issues, the currently requested Outpatient Intra-articular facet injections at bilateral L4-5, L5-S1 are not medically necessary.