

Case Number:	CM15-0063166		
Date Assigned:	04/09/2015	Date of Injury:	08/18/2006
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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:

The injured worker was a 44-year-old female, who sustained an industrial injury, August 18, 2006. The injured worker received the following treatments in the past Oxycontin, Roxicodone, Percocet, psychiatric services, Lumbar spine MRI, knee brace, Lunesta, Cymbalta, Colace, Prograf, Myfortic, Prednisone, Oxycodone, left total knee replacement, lumbar spine CT scan and EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with chronic low back pain, status post lumbar laminectomy and fusion, left knee arthroplasty and status post revision, headaches, migraines possible secondary to medication overdose and depression associated with chronic pain. According to progress note of February 10, 2015, the injured workers chief complaint was neck and arm pain, bilateral shoulder pain however these were not acceptable body parts accepted by worker compensation. The injured worker was also complaining of low back pain and bilateral leg pain. The pain extended down the lateral thigh to the shin and dorsal foot. On the right extended to the lateral thigh to the anterior knee. The injured worker rated the pain at 6-8 out of 10 with medication and 9-10 without medication. The physical exam was tenderness with palpation of the paraspinal regions adjacent to the surgical scar. There was also tenderness with palpation over the right greater than the left trochanters. There was decreased sensation of the left ZL3, L4, L5 and S1 dermatome distribution. The straight leg raise was positive bilaterally. The treatment plan included a facet block at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back chapter.

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

Decision rationale: The MTUS is silent on lumbar facet injections. 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 progress noted dated 2/10/15, it is noted that the injured worker suffers from lumbar radiculopathy secondary to residual stenosis at L4-L5 and L5-S1, as well as bilateral foraminal stenosis at L3. As radiculopathy is a disqualifying criteria for facet block, the request is not medically necessary.