

Case Number:	CM15-0063549		
Date Assigned:	04/09/2015	Date of Injury:	04/09/2012
Decision Date:	06/17/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 57 year old female, who sustained an industrial injury on April 9, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar facet syndrome and low back pain. Diagnostics to date has included MRIs and electrodiagnostic studies. Treatment to date has included rest, ice, heat, work modifications, acupuncture, physical therapy, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On February 10, 2015, the injured worker complains of intermittent sharp, stabbing pain of the bilateral low back, which has increased since the prior visit. Associated symptoms include pain radiating into her buttocks, numbness, paresthesia, and weakness. Her pain level is rated 3/10. The physical exam revealed ability to heel/toe walk without difficulty, bilateral paralumbar spasm and tenderness, quadriceps atrophy, decreased range of motion due to pain, decreased right resisted rotation, absent bilateral knee reflexes, decreased sensation of the bilateral lateral thighs, and normal motor strength. The treatment plan includes lumbar 4-lumbar 5 lumbar facet joint injection. The requested treatments are lumbar 4-lumbar 5 lumbar facet joint injection, lumbar facet joint injection (2nd level), lumbar facet joint injection (3rd level), and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures , Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: Lumbar facet joint injections/Medial branch blocks (MBBs) are accepted pain management interventional techniques. MBBs are not recommended except as a diagnostic tool and there is minimal evidence for treatment. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. There are also more than two levels affected. The requested MBBs are not medically necessary.

Lumbar Facet Joint Injection (2nd level): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: Medial branch blocks (MBBs) are accepted pain management interventional techniques. MBBs are not recommended except as a diagnostic tool and there is minimal evidence for treatment. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. There are also more than two levels affected. The requested MBBs are not medically necessary.

Lumbar Facet Joint injection (3rd level): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MBBs.

Decision rationale: Medial branch blocks (MBBs) are accepted pain management interventional techniques. MBBs are not recommended except as a diagnostic tool and there is minimal evidence for treatment. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. There are also more than two levels affected. The requested MBBs are not medically necessary.

Monitored Anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedures, regarding Sedation for ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: Given that the requested facet joint injections are not medically necessary, there is no indication for monitored anesthesia care (MAC) to be provided. Medical necessity for the requested anesthesia service has not been established. The requested service is not medically necessary.