MAXIMUS Federal Services

Case Number:	CM15-0070976		
Date Assigned:	04/20/2015	Date of Injury:	04/08/2010
Decision Date:	05/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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:

The injured worker is a(n) 55 year old male, who sustained an industrial injury on 4/8/10. He reported pain in his back, chest and bilateral feet related to a heavy object falling on him. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease and joint pain of the leg. Treatment to date has included facet injections and topical and oral pain medications. As of the PR2 dated 4/6/15, the injured worker reports ongoing low back pain. He did benefit from the previous facet injections at L4-L5 and L5-S1 on 11/2014. His pain currently is 2-3/10 and a 9/10 without medications. The treating physician noted lumbar extension exacerbates pain and tenderness to palpation in the bilateral L4-L5 and L5-S1 paraspinals. The treating physician requested intra-articular facet injection bilaterally at L4-L5, L5-S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection facet intra-articular, under fluoroscopic guidance, at bilateral L4-5, L5-S1:
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), Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per ODG, 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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. The patient is has only noted minimal pain relief with unchanged medication profile post recent facet injections. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing mild degenerative changes. Previous medial branch blocks are noted to provider significant help; however, no specific duration is identified, increased ADLs, work status, decrease in medication dosages, or medical utilization are demonstrated. Submitted reports have not demonstrated support outside guidelines criteria. The Injection facet intra-articular, under fluoroscopic guidance, at bilateral L4-5, L5-S1 is not medically necessary and appropriate.