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| Case Number: | CM15-0096541 | | |
| Date Assigned: | 05/27/2015 | Date of Injury: | 08/17/2007 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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, 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 is a 47 year old male, who sustained an industrial injury on 06/17/2007. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar spine discopathy and lower extremity radiculitis. Treatment and diagnostics to date has included lumbar epidural steroid injection, home exercise program, and medications. In a progress note dated 01/22/2015, the injured worker presented with complaints of low back pain. Objective findings include tenderness and spasm with increased pain with active range of motion and radiating pain to bilateral lower extremities. The treating physician reported requesting authorization for bilateral facet joint injection at L3 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injection @ L3 to S1 (3 levels): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 facet injections, 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." Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Rather, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, the guidelines recommend the use of medial branch blocks rather than facet joint injections for the reasons outlined above and no clear rationale for the use of the latter in spite of the guidelines' recommendations has been clearly identified. In light of the above issues, the currently requested facet injections are not medically necessary.