

Case Number:	CM14-0142036		
Date Assigned:	09/10/2014	Date of Injury:	02/18/2014
Decision Date:	10/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old woman who sustained a work related injury on February 18, 2014. Subsequently, she developed chronic low back, buttock, and hip pain. The patient underwent a series of bilateral L4 transforaminal epidural steroid injections with some improvement of lower extremity symptoms but continued to have back pain. The patient has undergone physical therapy. According to a medical evaluation note dated July 8, 2014, the patient reported pain in the low back, radiating into the buttocks and lower extremities. She states her pain was worse with activity and improved with rest and medication. The patient has undergone MRI evaluation of the lumbar spine dated April 16, 2014, showing facet arthropathy annular tear at L4-5 with neural foraminal stenosis, as well as sacralisation of L5. The patient describes the pain as a deep ache, burning pain in bilateral lumbar sacral region radiating to bilateral buttocks and into bilateral posterior thighs. She rates the pain 10/10. Physical examination demonstrated lumbar facet tenderness with reduced range of motion. The patient was diagnosed with lumbar facet arthropathy, axial low back pain, sacroilitis, intermittent lumbar radiculopathy, annular tear at L4-5, and L5 sacralication. The provider requested authorization for Bilateral L3-L4, L4-L-5, L5-S1 Facet Joint Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L-5, L5-S1 Facet Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' compensation; Low Back (updated 07/03/14): Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) < Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections).)>

Decision rationale: According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG guidelines regarding facets injections, 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. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial.> Furthermore and according to ODG guidelines, < 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. There is no documentation that the lumbar facets are the main pain generator in this case. The diagnosis of radiculopathy was not excluded in this case: no negative straight leg raise and normal sensory examination was documented. There is no clear documentation of failure of conservative therapies. The provider requested more than 2 facet levels to be injected which is not recommended by ODG guidelines. Therefore, the request for Bilateral L3-L4, L4-L5, L5-S1 Facet Joint Injection is not medically necessary.