

Case Number:	CM15-0020050		
Date Assigned:	02/09/2015	Date of Injury:	11/18/2012
Decision Date:	10/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 11-18-2012. He was injured while picking up a garbage bin when he noticed a pop in his back. He has reported low back pain and has been diagnosed with displaced lumbar intervertebral disc and lumbago. Treatment has included medications, physical therapy, chiropractic care, and injection. There was tenderness around L4-S1 in the midline with some left paravertebral tenderness at the same levels. MRI revealed some mild degenerative disc desiccation and disc bulging with a slight central disc protrusion at L4-L5 causing no stenosis or nerve root compression in 2012. The treatment plan included a functional restoration program, medications, and injections. The treatment request included a lumbar facet injection left L4-5, L5-S1. The medication list includes Gabapentin, Prednisolone, Mobic, and Famotidine. Patient had received lumbar ESI for this injury. Per the note dated 9/22/14, the patient had complaints of low back pain with radiculopathy in lower extremity at 6/10. Physical examination of the lumbar spine revealed non-antalgic gait, tenderness on palpation, limited range of motion, negative SLR and normal neurological examination. The patient had received an unspecified number of PT visits for this injury. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. The patient has had history of numbness and tingling in lower extremity. Physical examination of the lumbar spine on 7/23/14 revealed positive SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet injections left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Facet joint intra-articular injections (therapeutic).

Decision rationale: Request is for Lumbar Facet injections left L4-5, L5-S1. ACOEM/MTUS guideline does not specifically address this issue. Hence the ODG was used. Per the ODG low back guidelines medial branch blocks are 'Under study'. 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. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The patient has had history of numbness and tingling in the lower extremity. Physical examination of the lumbar spine on 7/23/14 revealed positive SLR, and patient had received an ESI for this injury. These symptoms are suggestive of possible radiculopathy. Per the cited guidelines, facet injection is not recommended in a patient with evidence of radicular pain. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Lumbar Facet injections left L4-L5 and L5-S1 is not fully established in this patient and therefore is not medically necessary.