MAXIMUS Federal Services

Case Number:	CM13-0001449		
Date Assigned:	02/13/2014	Date of Injury:	01/23/2006
Decision Date:	12/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

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 Family Medicine and is licensed to practice in California. 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:

This is a 58-year-old male patient who reported an industrial injury to the back on 1/23/2006, almost nine (9) years ago, attributed to the performance of his usual and customary job tasks as a grocery clerk. The patient complains of persistent lower back pain. The MRI report dated 11/10/09, documented evidence of L3-L4 slight disc narrowing; no canal or foraminal stenosis. The x-rays of the lumbar spine demonstrated evidence of scoliosis at the L1-L5 levels, retrolisthesis at L4 and L5 measuring 5 mm. the patient is reported to take tramadol four (4) times a day. The patient reports that was standing his right leg goes numb. The patient is had physical therapy; trigger injections; and chiropractic care without significant sustained improvement. The patient is documented to have had a bilateral lower extremity EMG/NCS which demonstrated a normal NCS with then abnormal EMG of a right L5-S1 motor radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4/L5, L5/S1 Facet Joint (Zygapophyseal) Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174-175; 300 and 309,Chronic Pain

Treatment Guidelines Injections, Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Facet Joint Blocks and Injections; MBB.

Decision rationale: The patient was documented to have radicular pain and numbness in his right thigh. The patient has Electrodiagnostic studies, which documented a right L5-S1 motor radiculopathy. The request for the MMB or facet blocks to lumbar spine at bilateral L4-L5; and L5-S1 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The request for a MMB or facet blocks to lumbar spine bilateral L4-L5; and L5-S1 was ordered in order to provide relief from the reported symptoms instead of for diagnostic purposes. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator for the reported chronic low back pain. There are no documented neurological deficits. There is no demonstrated medical necessity median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/ therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." The patient is documented to have symptoms consistent with a radiculopathy and Electrodiagnostic evidence of the L5-S1 radiculopathy, which precludes a patient from having medial branch blocks or facet blocks. There is no demonstrated medical necessity for the requested MMB or facet blocks to lumbar spine bilateral L4-L5; and L5-S1. Therefore, the request is not medically necessary.