

Case Number:	CM13-0005718		
Date Assigned:	03/03/2014	Date of Injury:	09/16/2012
Decision Date:	04/11/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 47 year-old female who was injured on 9/16/12. She has been diagnosed with lumbar facet arthropathy; lumbar and cervical disc displacement; cervical spinal stenosis; thoracic and lumbar radiculitis; brachial neuritis; dizziness; insomnia, iron deficient anemia and headaches. According to the 6/19/13 chiropractic report, the patient presents with 6/10 neck pain traveling to the BUE, and constant 6/10 low back pain that goes to the right knee. The patient described the radiating pain in the upper and lower extremity as "pulsing". The patient was reported to have had the 2nd diagnostic LESI on 6/10/13 and the pain went from 8/10 to 6/10. The physician states the patient had her 2nd LESI at L4/5 and L5/S1 and a facet block at L3/4, L4/5 and L5/S1 bilaterally with an adequate response. He requests the first "therapeutic" LESI, also recommends a facet block, L3/4, L4/5, and L5/S1 bilaterally. According to the 6/10/13 procedural report, this was a therapeutic ESI, with percutaneous epidural decompression neuroplasty and bilateral MBB L3/4, L4/5 and L5/S1 on the same day. The prior procedure was on 5/13/13 and the subsequent procedure on 7/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT BLOCK AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG GUIDELINES, LOW BACK, ONLINE FOR DIAGNOSTIC FACET BLOCKS

Decision rationale: The patient presents with neck and back pain. She has had her first lumbar therapeutic ESI with 3-level bilateral medial branch blocks on 5/13/13. The second LESI with 3-level bilateral MBB was about 4-weeks later, on 6/10/13. I have been asked to review for necessity of the 3rd lumbar facet joint block for L3/4. The requests are not in accordance with MTUS/ACOEM or ODG guidelines. MTUS states RFA is not recommended for the lumbar spine. ODG states the MBB is a diagnostic study to determine whether the patient would be a candidate for RFA. ODG states therapeutic facet injections are under study. However, the request is not in accordance with the ODG criteria for diagnostic facet MBB either. ODG states these are limited to non-radicular pain. The only indication for the LESI is radicular pain. The patient has had both LESI and MBB at the same time, which also not recommended under ODG guidelines. The LESI would not be indicated as requirements for ESI include pain relief for 6-weeks. ODG guidelines also state the facet MBB should not be at more than 2-levels bilaterally, and the report and prior operative reports show 3-levels, L3/4, L4/5 and L5/S1. The request is not in accordance with ODG guidelines.

BILATERAL LUMBAR FACET JOINT BLOCK AT L5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINE, LOW BACK, ONLINE FOR DIAGNOSTIC FACET BLOCKS

Decision rationale: The patient presents with neck and back pain. She has had her first lumbar therapeutic ESI with 3-level bilateral medial branch blocks on 5/13/13. The second LESI with 3-level bilateral MBB was about 4-weeks later, on 6/10/13. I have been asked to review for necessity of lumbar facet joint block for L5/6. The 12/26/12 Lumbar MRI shows 5 lumbar vertebra, there is no L6. The requests are not in accordance with MTUS/ACOEM or ODG guidelines. MTUS states RFA is not recommended for the lumbar spine. ODG states the MBB is a diagnostic study to determine whether the patient would be a candidate for RFA. ODG states therapeutic facet injections are under study. However, the request is not in accordance with the ODG criteria for diagnostic facet MBB either. ODG states these are limited to non-radicular pain. The only indication for the LESI is radicular pain. The patient has had both LESI and MBB at the same time, which also not recommended under ODG guidelines. The LESI would not be indicated as requirements for ESI include pain relief for 6-weeks. ODG guidelines also state the facet MBB should not be at more than 2-levels bilaterally, and the report and prior operative reports show 3-levels, L3/4, L4/5 and L5/S1. There is no L6 vertebra on this patient according to the MRI, and even if the request was for L5/S1, the request is not in accordance with ODG guidelines.

BILATERAL LUMBAR FACET JOINT BLOCK AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINE, LOW BACK, ONLINE FOR DIAGNOSTIC FACET BLOCKS

Decision rationale: The patient presents with neck and back pain. She has had her first lumbar therapeutic ESI with 3-level bilateral medial branch blocks on 5/13/13. The second LESI with 3-level bilateral MBB was about 4-weeks later, on 6/10/13. I have been asked to review for necessity of lumbar facet joint block for L5/S1. The requests are not in accordance with MTUS/ACOEM or ODG guidelines. MTUS states RFA is not recommended for the lumbar spine. ODG states the MBB is a diagnostic study to determine whether the patient would be a candidate for RFA. ODG states therapeutic facet injections are under study. However, the request is not in accordance with the ODG criteria for diagnostic facet MBB either. ODG states these are limited to non-radicular pain. The only indication for the LESI is radicular pain. The patient has had both LESI and MBB at the same time, which also not recommended under ODG guidelines. The LESI would not be indicated as requirements for ESI include pain relief for 6-weeks. ODG guidelines also state the facet MBB should not be at more than 2-levels bilaterally, and the report and prior operative reports show 3-levels, L3/4, L4/5 and L5/S1. The request is not in accordance with ODG guidelines.