

Case Number:	CM13-0025670		
Date Assigned:	01/31/2014	Date of Injury:	03/03/2008
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 & 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 patient is a 45-year-old male with a date of injury of 03/03/2008. Per treater's report 08/14/2013, the patient underwent lumbar spine fusion at L4 to S1 from 01/14/2011. Presenting symptoms are continuous low back pain with radiation to his right lower extremity with the back pain present 100% of the time. The patient has episodes of numbness and tingling on his right lower extremity. The pain is a 10/10 and mostly a 7/10. Examination showed tenderness to palpation of the lumbar paravertebral musculature on the right side at L4-L5. There was significantly reduced range of motion of the lumbar spine. Straight leg raise test was positive on the right side, and extensor hallucis longus was weaker bilaterally at 4/5. Final Determination Letter for IMR Case Number [REDACTED] 3 MRI of the lumbar spine was reviewed. It showed fusion at L4-L5-S1, facet arthropathies at L2-L3-L4 bilaterally. The treating physician's listed diagnoses were: 1. Failed back surgery syndrome. 2. Chronic pain syndrome. 3. Chronic low back pain. 4. Anxiety/depression due to chronic pain. 5. Insomnia secondary to pain. 6. Status post anterior posterior fusion of the lumbar spine with residual back pain. 7. Facet arthropathies at bilateral L2-L3-L4. 8. Sacroiliitis secondary to fusion. 9. Neuropathic pain at the lower extremity. 10. Right lower extremity radiculopathy. Under treatment discussion, the patient is noted to have 60% back pain and 40% leg pain. He recommended a trial of acupuncture, TENS unit, and also a trial of 1-time diagnostic and therapeutic selective facet blocks at L2-L3 and L3-L4 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT DIAGNOSTIC THERAPEUTIC SELECTIVE FACET BLOCK L2-3, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This patient presents with chronic low back pain, worse on the right side with radiation down the right lower extremity. He is status post lumbar fusion from L4 to S1 from January 2011. The treating physician, after his initial evaluation, has requested bilateral L2-L3 and L3-L4 selective facet injections for diagnostic and therapeutic purposes. He reviewed the MRIs that showed facet arthritic changes at L2-L3 and L3-L4, which likely prompted his request. MTUS Guidelines are silent regarding facet injections. ODG Guidelines does not support facet injections. ODG Guidelines, under lumbar facet joint signs and symptoms, indicates that the patient must present with tenderness to palpation in the paravertebral area over the facet region, normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. It also states that the indications from 2 of the 4 listed may be present if there is evidence of hypertrophy encroaching on the neuroforamen. In this case, the treater documents paravertebral tenderness, but this was over L4-L5 though and not over L2-L3-L4. Furthermore, the patient has significant radiating symptoms, documented at 40% of overall pain. There is positive straight leg raising exam in the absence of encroachment of the neuroforamen by the facet joint hypertrophy. Facet evaluations or injections are not indicated in this situation. Recommendation is for denial.

**RIGHT DIAGNOSTIC THERAPEUTIC SELECTIVE FACET BLOCK L2-3, L3-4:
Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This patient presents with chronic low back pain, worse on the right side with radiation down the right lower extremity. He is status post lumbar fusion from L4 to S1 from January 2011. The treating physician, after his initial evaluation, has requested bilateral L2-L3 and L3-L4 selective facet injections for diagnostic and therapeutic purposes. He reviewed the MRIs that showed facet arthritic changes at L2-L3 and L3-L4, which likely prompted his request. MTUS Guidelines are silent regarding facet injections. ODG Guidelines does not support facet injections. ODG Guidelines, under lumbar facet joint signs and symptoms, indicates that the patient must present with tenderness to palpation in the paravertebral area over the facet region, normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. It also states that the indications from 2 of the 4 listed may be present if there is evidence of hypertrophy encroaching on the

neuroforamen. In this case, the treater documents paravertebral tenderness, but this was over L4-L5 though and not over L2-L3-L4. Furthermore, the patient has significant radiating symptoms, documented at 40% of overall pain. There is positive straight leg raising exam in the absence of encroachment of the neuroforamen by the facet joint hypertrophy. Facet evaluations or injections are not indicated in this situation. Recommendation is for denial.