

Case Number:	CM13-0034040		
Date Assigned:	12/06/2013	Date of Injury:	03/10/2011
Decision Date:	02/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 56 YO male with a date of injury of 03/10/2011. UR dated 09/16/2013 recommends denial of lumbar facet block injection stating no facet pathology was noted at the L4-5-S1 levels. Patient has diagnoses of lumbar radiculopathy, failed back surgery syndrome, lumbar facet dysfunction and right trochanteric bursitis. Patient is status post lumbar fusion L4-S1 (1996), caudal epidural corticosteroid infusion at L4-S1 (01/10/2012) and bilateral L5-S1 lumbar epidural RACA catheter, adhesiolysis and epidurogram (05/20/2013). According to report dated 08/12/2013 by [REDACTED], patient reports improvement after lysis of epidural adhesions in May and no longer gets the numbness, tingling and pain going down into the legs but now has more pain across the back and into the right hip. Some numbness and tingling noted when sitting for prolonged period of time. MRI dated 04/26/2011 demonstrated postoperative changes at L4-L5 with decompressive laminectomy. Fusion at L5-S2 with second degree spondylosis and biforaminal stenosis, increase in signal from the posterior aspect of the L4-L5 disc and 2mm disc bulge at L2-3 and L3-4. Treater is requesting a lumbar facet injection at L4-L5 and L5-S1 for disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block injection: 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, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Criteria for the use of diagnostic blocks for facet "mediated" pain.

Decision rationale: Patient has diagnoses of lumbar radiculopathy, failed back surgery syndrome, lumbar facet dysfunction and right trochanteric bursitis. Treater is requesting a lumbar facet injection at L4-L5 and L5-S1 for disc herniation. Treater argues that "the need for the lumbar facet block is to assist in avoiding lumbar surgery and to give the patient some relief." ACOEM guidelines pages 300 and 301 states, "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ACOEM page 309 table 12-8 does not recommend facet joint injections. For a more thorough discussion of facet joint diagnostic and therapeutic evaluations, ODG guidelines are consulted. ODG guidelines do support facet diagnostic evaluation for patients presenting with paravertebral tenderness and non-radicular symptoms and therapeutic injections are not supported. In this situation, the treater appears to be requesting a two level facet injection for therapeutic purposes as he is trying to bring some relief to patient's pain. Furthermore, the treater has asked for facet injection/evaluation at the levels that are fused. ODG guidelines do not recommend facet injections/evaluations at the levels that are fused. They are immobile segment. Recommendation is for denial.