MAXIMUS Federal Services

Case Number:	CM13-0041138		
Date Assigned:	12/20/2013	Date of Injury:	12/13/2011
Decision Date:	03/17/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology has a subspecialty in Pain Managment and is licensed to practice in Texas. 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 49-year-old male who reported injury on 12/13/2011. The mechanism of injury was not provided. The patient was noted to have pain in the low back radiating into both legs. The physical examination revealed the patient had tenderness to palpation over the lumbar paraspinal muscles. The straight leg raise and loading tests were positive. The Patrick's test was noted to be positive. The sensation was noted to be intact to light touch in bilateral legs, and there was weakness on hip flexion. The diagnoses were noted to include lumbago and lumbar facet dysfunction. The request was made for a lumbar facet block injection with fluoroscopy at L4-5 and L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Lumbar Facet Block Injections with fluoroscopy at the L4-L5 and L5-S1 levels bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block.

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that, for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the patient had tenderness to palpation over the paravertebral area over the facet region, and that sensation was intact; however, it was noted the patient had a positive straight leg raise. Per the physician note, it was indicated in the same paragraph that the patient was to have a lumbar facet injection and then the physician referred to an epidural steroid injection at L4-5 to give the patient some relief and the lumbar epidural steroid injection was necessary to avoid surgery. It was further stated "please consider this my re-request for authorization to proceed with bilateral L4-5 and L5-S1 lumbar facet injection." The clinical documentation submitted for review failed to provide clarification as to the treatment being requested. The patient had a positive straight leg raise, which would support radiculopathy and is not an indication for a facet injection. The request as submitted for Lumbar facet block injections with fluoroscopy at the L4-L5 and L5-S1 levels bilaterally is not medically necessary