

Case Number:	CM13-0041885		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2008
Decision Date:	02/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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:

This patient is a 52-year-old female with date of injury on 07/10/2008. The progress report dated 09/26/2013 by [REDACTED] indicates that the patient's diagnoses include: carpal tunnel syndrome, lesion ulnar nerve, pain in joint shoulder, lumbar disk displacement without myelopathy, degeneration of lumbosacral disk. The patient continues with low back pain and right lower extremity pain. The patient had undergone lumbar epidural steroid injection on 07/30/2013. The patient reported that she has had improvement in her leg pain especially with walking. She states that the pain has gone from 9/10 to a 6/10. However, she still has pain in the low back and going down into both upper buttocks. The patient's physical exam findings of the lumbar spine included decreased range of motion of the lumbar spine, tenderness to palpation over the bilateral lower lumbar facet joints. Pain elicited with facet loading. Sensation is decreased in the dermatomes, right L5, right S1. Straight leg raise is positive on right. Spasm and guarding is noted in the lumbar spine. Dorsiflexion strength is 4/5 on the right, extensor hallucis longus motor strength is 4/5 on the right. MRI of the lumbar spine dated 11/21/2011 indicates degenerative disk disease with endplate irregularity at L5-S1 resulting in moderate to severe right-sided foraminal narrowing with obliteration of perineural fat. Facet joint arthropathy and broad-based central disk protrusion at L4-L5 with mild to moderate narrowing of the neural foramina along their proximal aspect. The request is made for bilateral lumbar facet nerve block at L4-L5 and L5-S1. The utilization review letter dated 10/02/2013 denied the request for the bilateral lumbar facet nerve block at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet nerve block at L4-5 and L5-S1, Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient continues with low back pain with associated right lower extremity pain which was improved somewhat from epidural steroid injection on 07/30/2013. However, the patient continues to report pain in the lower back and radicular symptoms going down into both upper buttocks. MTUS Guidelines are silent regarding recommendations for lumbar facet nerve blocks. Therefore, ODG Guidelines were reviewed. ODG Guidelines has criteria for the use of diagnostic blocks for facet mediated pain. It states that they are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. The records appear to indicate this patient continues with low back pain with associated radicular symptoms into the right lower extremity. Facet joint evaluation is not indicated for patients with radicular symptoms. Therefore, recommendation is for denial.