

Case Number:	CM13-0043817		
Date Assigned:	06/09/2014	Date of Injury:	10/19/2001
Decision Date:	07/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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, 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:

The injured worker is a 64-year-old male with a reported date of injury on 10/19/2001. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include lumbar facet arthropathy, lumbar radiculopathy, and left knee pain. His previous treatments were noted to include medications. The progress note dated 09/23/2013 reported the injured worker rated pain in his back at 7/10. The injured worker complained the lower back pain radiated down his posterior thigh to the knee. The injured worker also reported continued left knee pain status post 6 knee surgeries including a replacement. The physical examination to the lumbar spine revealed tender lumbar spinal and paraspinal region and positive bilateral lumbar facet tenderness. He has positive lumbar facet loading maneuver and negative straight leg raise bilaterally. The request for authorization form was not submitted within the medical records. The request is for 1 lumbar facet injection at the bilateral L3-5; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Facet Injection At The Bilateral L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks.

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain includes clinical presentations of facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and a normal straight leg raising exam. The criteria also include limited to patients with low back that is non radicular and at no more than 2 levels bilaterally. There is documentation of failure of conservative treatment (including home exercises, physical therapy, and NSAIDS) prior to the procedure for at least 4 to 6 weeks, no more than 2 facet joint levels injected in 1 session, and diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or have had a previous fusion procedure at the planned injection level. The documentation provided indicated the injured worker had radicular pain from the low back to the posterior thigh. There is a lack of documentation regarding a sensory examination as well as a lack of documentation regarding failure of conservative treatment. Additionally, there is a lack of documentation reporting if a previous MRI was performed regarding radicular pain. Therefore, 1 Lumbar Facet Injection at The Bilateral L3-L5 is not medically necessary.