

Case Number:	CM13-0047242		
Date Assigned:	12/27/2013	Date of Injury:	12/04/1989
Decision Date:	05/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/05/2013

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 patient is an employee of [REDACTED] and has submitted a claim for Lumbago associated with an industrial injury date of 12/04/1989. Treatment to date has included two unspecified back surgeries in 1993 and 2000, physical therapy, and medications including Vicodin, Lidoderm, Celebrex, Elavil, Ambien, and Rozerem. Medical records from 2013 were reviewed with the most recent progress report, dated 07/25/2013, showing that patient has been complaining of chronic low back and leg pain, left leg worse than right. Pain was persistent that extended up to his feet graded 8-9/10 relieved upon intake of Vicodin. Physical examination showed paravertebral lumbar muscle spasm. Range of motion of lumbar spine was limited. Radiculopathy was present at both lower extremities with decreased sensation to touch and vibration on bilateral L4-L5 dermatomes. In the Physical Ability Assessment form, the patient can only occasionally (less than 2.5 hours) perform lifting/carrying 11-20 lbs, pushing/pulling a maximum weight of 20 lbs, sitting, standing, walking, climbing, stooping, kneeling, crouching, and reaching overhead. MRI of the lumbar spine, dated 07/18/2013, revealed patient is status post multiple laminectomies with fusions of L3, L4, L5 and S1 by means of placement of pedicle screws. Also cages have been placed in at L4-L5 and L5-S1 disk space levels. There is a 2mm central posterior disk protrusion at T11-T12 level indenting the anterior aspect of the thecal sac. There is a 1mm broad-based posterior disk bulge at L1-L2 level indenting the anterior aspect of the thecal sac. There is a 3mm broad-based posterior disk protrusion at L2-L3 level causing pressure over the anterior aspect of the thecal sac. There is minimal fibrous granulation tissue in the posterior aspect of the disk. There is no evidence of central or foraminal stenosis at L3-L4 level. There is no evidence of central or foraminal stenosis at L4-L5 level. There is mild epidural fibrous granulation tissue surrounding the thecal sac. There is no evidence of central or foraminal stenosis at L5-S1 level. There is minimal fibrous granulation tissue surrounding the

thecal sac. Utilization review from 10/16/2013 denied the request for facet block injection at L1-L2 (laterality not provided) because there was no comprehensive exam provided that would show evidence of facet-mediated pain. Likewise, there was no record recommending conservative care initially and the request did not specify the laterality for facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK INJECTION AT L1-L2 (LATERALITY NOT PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT FOR WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER ON LOW BACK, LUMBAR AND THORACIC (ACUTE AND CHRONIC):FACET JOINT DIAGNOSTIC BLOCKS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, FACET JOINT INJECTION.

Decision rationale: CA MTUS ACOEM Guidelines on Page 300, supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of failure of conservative treatment (physical therapy) prior to the procedure for at least 4-6 weeks. In this case, medical records submitted for review indicate that the patient underwent physical therapy. However, the number of therapy sessions as well as response to treatment was not documented which is needed as evidence for failure of conservative management. Furthermore, based on the subjective complaint of low back pain radiating to both legs, left leg worse than right; and objective findings of decreased sensation to touch and vibration on bilateral L4-L5 dermatomes; patient did not manifest with a non-radicular facet mediated pain which is the guideline criteria. A more comprehensive physical examination, such as inclusion of deep tendon reflexes and special testing (i.e. straight leg raise test, among others) should be documented. Furthermore, the present request did not specify the laterality for injection. The medical necessity for a facet block injection appears to be inconsistent with the MTUS guidelines noted above. Therefore, the request for facet block injection at L1-L2 (laterality not provided) is not medically necessary.