

Case Number:	CM13-0055209		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2012
Decision Date:	03/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Medicine, 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 59-year-old female who reported an injury on 11/19/2012. The patient was diagnosed with disc herniation, 5 mm, L3-4 and L5-S1; disc protrusion, 4 mm, L4-5 and history of discectomy at L5-S1. The patient had an MRI on 03/01/2013 that revealed multilevel Schmorl's nodes in the upper lumbar segments, most prominent at the superior endplate of L3, but also present at the superior endplate of L2, the superior and inferior endplates of L1, and the inferior endplate of T12. The patient also had pathogenic findings, with a prominent disc bulge at L2-3, L3-4, L4-5, and L5-S1, most prominent at L3-4. There was moderate to severe disc height loss at L4-5 and L5-S1. There are type 2 modic changes of the inferior endplate of L3, the superior endplate of L4, and the inferior endplate of L5 and the superior endplate of S1. There also appeared to be a hyperintense zone in the posterior aspect of the L3-4 disc consistent with an annular tear. The spine surgery consultation dated 08/23/2013 stated the patient complained of daily and continuous low back pain, which varies in intensity. The patient complained of radiating pain down bilateral legs. The patient rated the pain at 5/10 at rest and 9/10 with activity. The patient reported relief with Norco. There was tenderness to palpation with muscle spasm in the lumbar spine. The patient had decreased range of motion. The patient was recommended epidural steroid injections and a consideration for facet blocks. The progress report dated 09/16/2013 stated the patient continued to complain of low back pain with radiating pain into the bilateral lower extremities. The patient had tenderness and spasm over the lower lumbar region. The patient had decreased range of motion and decreased sensation. The treatment plan included medication, epidural steroid injections, and evaluation for possible surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MMB/Facet blocks L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The MTUS/ACOEM guidelines indicate that invasive techniques such as needle acupuncture and injection procedures, such as injections of trigger points, facet joints, or corticosteroids, Lidocaine, or opioids in the epidural space, have no proven benefit in treating acute neck or upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines indicate that facet joint diagnostic blocks are recommended for no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy, if neurotomy is chosen as an option for treatment. The guidelines also indicate facet joint diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 bilateral levels. There is to be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDS) prior to the procedure for at least 4 to 6 weeks. The employee complained of low back pain with radiating pain to the bilateral lower extremities. The documentation submitted for review does not show a failure of conservative treatment. Also, the guidelines do not recommend facet joint diagnostic blocks for patients with radicular pain. Given the lack of documentation to support guideline criteria, the request is non-certified.