

Case Number:	CM13-0071565		
Date Assigned:	01/08/2014	Date of Injury:	01/04/2000
Decision Date:	09/17/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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 Family Medicine, 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:

This is a 67-year-old male who reported an industrial injury to the back on 1/4/2000, over 14 years ago, attributed to the performance of his customary job tasks. The patient complains of lower back pain and is being treated for lumbar facet syndrome. The patient was documented to have undergone facet joint injections at L4-L5 and L5-S1 on the right on 5/28/2013. The patient reported ongoing low back pain with neck pain and right hip pain. The objective findings were TTP to the lumbar spine. The diagnosis was lumbar facet syndrome and chronic low back pain. The MRI the lumbar spine dated 8/30/2012 documented evidence of general disc herniation at L5-S1, broad-based bulging disc at L4-L5, L3-L4, L2-L3, and L1-L2; no stenosis of the spinal canal; stenosis of the neural foramina at L5-S1, L4-L5, and L3-L4; multiple level hypertrophic changes of the facet joints. The treatment plan included a second lumbar facet injection to L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND LUMBAR FACET JOINT INJECTIONS L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300-303 ; 174-175; 187; 179-80. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Section low back chapter-facet joint blocks and injections, MBB, lumbar spine ESI.

Decision rationale: The request for the lumbar spine MMB or facet blocks to bilateral lumbar spine L4-L5 and L5-S1 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The California MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy as there is only MRI documented facet changes consistent with the patient's age of 67 years. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and lumbar spine DDD. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit". The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested second L4-L5 and L5-S1 facet blocks. Therefore, the request is not medically necessary.