

Case Number:	CM13-0072305		
Date Assigned:	01/08/2014	Date of Injury:	08/06/2012
Decision Date:	05/22/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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:

This 42 year-old military personnel sustained an injury on 8/6/12 when he was manhandled while employed by [REDACTED]. Request under consideration include bilateral lumbar facet nerve block L3-L4, L4-L5, first level times one (1), second level times one (1), each additional level times three (3), with fluoroscopic guidance and intravenous (iv) sedation. current medications list Flexeril and Norco. Conservative care has include physical therapy, aquatic therapy, medications, modified activities. EMG study of the bilateral lower extremities on 10/2/13 showed bilateral L5 and S1 radiculopathy. MRI of the lumbar spine dated 4/12/13 noted moderate disc degeneration with bulging causing mild central canal stenosis and facet arthropathy at L4-5. Appeal note of 12/3/13 from the provider noted the apteint with findings on exam of tenderness to palpation over the medial part of the left knee joiint, decreased left knee range of motion, atrophy of left leg with weakness, antalgic gait, decreased lumbar range; spasm; guarding. Treatment plan included facet blocks, aquatic therapy, internal medicine consult, medications of Hydrocodone and Cyclobenzaprine. The request for the bilateral facet blocks was non-certified on 12/19/13 citing guidelines criteria and lack of medical necessity.

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 L3-L4, L4-L5, FIRST LEVEL TIMES ONE (1), SECOND LEVEL TIMES ONE (1), EACH ADDITIONAL LEVEL TIMES THREE (3), WITH FLUROSCOPIC GUIDANCE AND INTRAVENOUS (IV) SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back Chapter, Criteria For the Use of Diagnostic Blocks for Facet Mediated Pain.

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 (Therapeutic Injections), Pages 412-418.

Decision rationale: This 42 year-old military personnel sustained an injury on 8/6/12 when he was manhandled while employed by [REDACTED]. Request under consideration include bilateral lumbar facet nerve block L3-L4, L4-L5, first level times one (1), second level times one (1), each additional level times three (3), with fluoroscopic guidance and intravenous (iv) sedation. Current medications list Flexeril and Norco. Conservative care has include physical therapy, aquatic therapy, medications, modified activities. EMG study of the bilateral lower extremities on 10/2/13 showed bilateral L5 and S1 radiculopathy. MRI of the lumbar spine dated 4/12/13 noted moderate disc degeneration with bulging causing mild central canal stenosis and facet arthropathy at L4-5. Appeal note of 12/3/13 from the provider noted the patient with findings on exam of tenderness to palpation over the medial part of the left knee joint, decreased left knee range of motion, atrophy of left leg with weakness, antalgic gait, decreased lumbar range; spasm; guarding. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with possible nerve impingement identified specifically on EMG study performed. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks with repeated series of procedures beyond the guidelines criteria. The bilateral lumbar facet nerve block L3-L4, L4-L5, first level times one (1), second level times one (1), each additional level times three (3), with fluoroscopic guidance and intravenous (iv) sedation is not medically necessary and appropriate.