

Case Number:	CM14-0001667		
Date Assigned:	01/22/2014	Date of Injury:	06/01/1999
Decision Date:	06/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50 year old male who reported an injury on 06/01/1999. The mechanism of injury occurred while driving an electrical pallet jack. The clinical note dated 12/27/2013 reported the injured worker complained of constant pain rated 6/10 with pain on the right side of the low back. The provider noted the injured worker previously underwent a facet block at L4-5 and L5-S1 which the injured worker noted provided 85% pain relief which lasted for several hours on 01/28/2013. The injured worker also underwent a radiofrequency ablation. The provider noted one of the injured workers physicians recommended a right side low back block at L4-5 and L5-S1. The physical exam noted pain with extension of the lumbar spine radiating to the right buttock. The injured worker was prescribed Lidoderm, flexeril, and motrin. The injured worker had diagnoses including degenerative disc disease lumbar spine with facet arthritis L4-5 and chronic lower back pain. The provider recommended the injured worker continue his home exercise and use of medication, and requested the right side nerve root block at 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:

LUMBAR SPINE FACET INJECTIONS AT RIGHT L4-5 AND L5-S1: 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 (INJECTIONS)

Decision rationale: The Official Disability Guidelines (ODG) recommend one set of diagnostic medial branch blocks is required with a response of $\geq 70\%$; the pain response should last at least 2 hours for Lidocaine. The guidelines note the use of diagnostic facet injections is limited to injured workers with low-back pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks and no more than 2 facet joint levels are injected in one session (see above for medial branch block levels). The injured worker previously had a medial branch block which provided 85% relief for 2 hours as well as a radiofrequency ablation; however, the level and efficacy and level of the ablation was unclear within the provided documentation. The requesting physician did not include adequate documentation of significant findings of facetogenic pain upon physical exam. It was unclear if the injured worker had a negative neurologic examination. The rationale for the request is unclear, therefore the request for lumbar spine facet injections at right L4-5 and L5-S1 is not medically necessary or appropriate.