

Case Number:	CM14-0007762		
Date Assigned:	02/10/2014	Date of Injury:	04/28/2008
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational 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:

The patient is a 40-year-old female who has submitted a claim for lumbosacral spondylosis, myalgia and myositis, and lumbosacral neuritis associated with an industrial injury date of April 28, 2008. Medical records from 2012-2014 were reviewed. The patient complained of persistent low back pain, rated 7-10/10 in severity. The pain was characterized as aching, burning, constant and severe. Physical examination showed pain on both sides of lumbar facet at L3-S1 region. There were palpable twitch positive trigger points in the lumbar paraspinal muscles. There was pain noted over the lumbar intervertebral spaces (discs) on palpation. There was limited range of motion due to pain. Motor strength and sensation was intact. MRI of the lumbar spine, dated May 22, 2013, revealed mild disc desiccation at L4-L5 with 2mm central broad based disc bulge, mild facet arthrosis, and mild ligamentum flavum hypertrophy causing mild central canal stenosis and mild bilateral neural foraminal stenosis; and mild disc desiccation at L3-L4 with 1mm central broad based disc bulge. Official report of the imaging study was not available. Treatment to date has included medications, activity modification, lumbar epidural steroid injection, and lumbar facet nerve block. Utilization review, dated January 3, 2014, denied the request for facet injection block bilaterally at L4-L5, L5-S1 times one under fluoroscopy and anesthesia because facet joint injections are not recommended for the treatment of low back disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION BLOCK BILATERALLY AT L4-5, L5-S1 TIMES 1 UNDER FLUOROSCOPY AND ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient had persistent low back pain. The patient previously underwent lumbar facet nerve blocks on December 23, 2013. Patient claimed that the injections provided temporary relief. However, there was no documentation of a specific treatment response. Guidelines recommend that the treatment response should be greater than or equal to 70%. Furthermore, there was no mention regarding failure of conservative treatment. The guideline criteria have not been met. Therefore, the request for facet injection block bilaterally at l4-5, l5-s1 times 1 under fluoroscopy and anesthesia is not medically necessary.