

Case Number:	CM14-0104773		
Date Assigned:	07/30/2014	Date of Injury:	04/05/2012
Decision Date:	09/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50-year-old female with date of injury of 04/05/2012. The listed diagnoses per [REDACTED] dated 05/15/2014 are: 1. Lumbar facet arthropathy. 2. Lumbar radiculopathy. 3. Chronic pain. According to this report, the patient complains of low back pain that radiates down the right lower extremities. The pain is aggravated by activity and walking. The patient reports activities of daily living limitations in the following areas: activity, ambulation, and sleep. The patient underwent a bilateral medial branch nerve block at L4-L5-S1 on 09/05/2013 with greater than 3 months of good pain control. The patient also underwent a transforaminal epidural steroid injection on the right L4-L5 on 03/18/2014. The patient reports good 50% to 80% overall improvement. The patient reports good functional improvement following the procedure. The examination shows tenderness upon palpation in the spinal vertebral area at L5-S1. Myofascial trigger points were noted in the trapezius bilaterally. The range of motion of the lumbar spine was moderately limited secondary to pain. Facet signs were present bilaterally. Sensory exam shows decreased sensitivity to touch along the L4 dermatome in the right lower extremity. Motor examination shows decreased strength on the right dermatomal level at L4. The utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Joint injections L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks (Injections).

Decision rationale: This patient presents with low back pain radiating to the right and left lower extremity. The treating physician is requesting a bilateral facet joint injection at L4-S1. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radiofrequency ablations on page 300 and 301. The Official Disability Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, although the physical examination did not note radicular signs, the patient has a diagnosis of lumbar radiculopathy. The Official Disability Guidelines recommends facet blocks for non-radicular symptoms. Furthermore, this patient already had medial branch blocks in September 2013 with apparent 3 months of pain relief. This appears to be a negative response as dorsal medial branch blocks are not expected to have pain reduction greater than for duration of the anesthetic agent used. Furthermore, the Official Disability Guidelines no longer recommend multiple diagnostic blocks. Recommendation is not medically necessary.