

Case Number:	CM14-0105018		
Date Assigned:	09/16/2014	Date of Injury:	08/25/2009
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 32-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy and lumbago associated with an industrial injury date of August 25, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 7/10 radiating to the left thigh, groin, calf and foot. There was numbness and tingling in the left plantar foot and toes. Short-term physical therapy and epidural injections to the back were given but provided only temporary relief. An operative report dated July 15, 2014 showed that the patient has undergone a left-sided L3-L5 facet joint block for which fentanyl was used as an anesthetic agent. However, the procedure only provided minimal benefit. Physical examination showed moderate tenderness over the lumbar paraspinal region; limitation of motion of the lumbar spine due to pain; positive pain on facet loading; decreased muscle strength on left plantar flexion; and diminished sensation at the left lateral calf and dorsal and plantar foot. Straight leg raise is negative bilaterally. MRI of the lumbar spine done on July 18, 2013 revealed disc bulge more toward the right, and mild encroachment on the neural foramina without compromise of the exiting nerve root. The diagnoses were status post right L5-S1 microdiscectomy and L4-5 laminotomy; L4-5 and L5-S1 degenerative disease; left L4-5 foraminal stenosis; L4-5 and L5-S1 micro instability with Modic changes on MRI; right L5 and bilateral S1 radiculopathies; and chronic mechanical low back pain. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, home exercises, lumbar ESI (epidural steroid injections) and back surgeries. Utilization review from June 20, 2014 denied the request for Left L2-L3 diagnostic facet joint nerve block QTY: 1.00. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-L3 diagnostic facet joint nerve block: 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, low back - lumbar and thoracic (acute and chronic), facet joint diagnostic blocks

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 Section, Facet joint diagnostic blocks (injections)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet "mediated" pain include: limited to patients with low-back pain that is non-radicular; documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and opioids should not be given as a "sedative" during the procedure. In this case, physical examination findings were inconsistent with facet mediated pain. There was no evidence of facet tenderness at the requested level for treatment. Likewise, neurologic deficits consistent with radiculopathy were noted such as decreased muscle strength on left ankle plantar flexor and diminished sensation at the left calf and foot. The guideline recommends facet joint blocks for low back pain that is non-radicular in nature. Furthermore, there was no evidence that the patient has failed conservative treatment at least 4-6 weeks prior to the procedure. Guideline criteria are not met. Of note, the procedure had been performed on July 15, 2014. Therefore, the request for Left L2-L3 diagnostic facet joint nerve block is not medically necessary.