

Case Number:	CM14-0010169		
Date Assigned:	02/21/2014	Date of Injury:	02/27/2013
Decision Date:	07/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 54-year-old male who has submitted a claim for lumbosacral spondylosis, lumbar sprain, sciatica, and lumbago associated with an industrial injury date of February 27, 2013. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. The pain was described as stabbing, sharp and cramping. There was radiation of pain into both thighs. The pain was usually due to muscle spasms. Physical examination showed lumbar tenderness and spasm in the lower lumbar segments on the left. Motor strength and sensation was intact. MRI of the lumbar spine dated June 13, 2013 revealed disc desiccation, mild disc space narrowing, small broad-based left paracentral disc protrusion, mild bilateral facet arthrosis, and mild narrowing of the central canal on L4-L5; and small broad-based posterior disc protrusion and mild bilateral facet arthrosis on L5-S1. Treatment to date has included medications, physical therapy, chiropractic therapy, bilateral lumbar epidural steroid injections, home exercise program, activity modification, Utilization review, dated January 16, 2014, denied the request for bilateral L4-L5 and L5-S1 facet injection lumbar spine under sedation because the patient has radicular pain which do not support the diagnosis of facet-mediated disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 And L5-S1 Facet Injection Lumbar Spine Under Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 the California 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 epidural steroid injection at L5 and S1 but gave him no symptomatic relief. The documented rationale for the request was because symptoms fit with potential facet pathology. However, recent physical examination findings dated October 9, 2013 showed evidence of radiculopathy. The submitted medical records failed to show facet-mediated or non-radicular clinical findings. Furthermore, there was no documentation of failed conservative treatment. The guideline criteria have not been met. Therefore, the request for bilateral L4-5 AND L5-S1 Facet Injection Lumbar Spine Under Sedation is not medically necessary.