

Case Number:	CM14-0014888		
Date Assigned:	03/07/2014	Date of Injury:	11/19/2012
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/05/2014

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 Pain Management, 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:

This patient is a 60-year-old female with date of injury of 11/19/2012. Per treating physician's report 11/26/2013, the patient presents with 7/10 pain in low back, the selective nerve root block do not have any effect on her symptoms and continue to experience constant low back pain with constant numbness in both lower extremities, getting only 6 hours of sleep at nighttime requiring more pain medications and currently, he had Norco 6 tablets a day. Due to pain, the patient is unable to tolerate any type of mechanical activity. For treatments, patient had lumbar surgery approximately 15 years ago, a fusion surgery, had physical therapy in June of 2013 without much improvement, had lumbar selective nerve root block, October 2013, without much benefit. MRI of the lumbar spine from 03/01/2013 showed moderate to severe central stenosis at L3-L4, L4-L5, multilevel foraminal stenosis. Examination showed straight leg raise test negative bilaterally, tenderness and guarding in the lumbar paraspinal musculature with evidence of muscle spasms. Listed diagnoses are: prominent disk bulges from L2 to S1, most prominently at L3-L4, moderate to severe disk height loses at L4-L5 and L5 S1, facet arthropathies from L3-S1, possible annular tear to L3-L4, bilateral lower extremity lumbar radiculopathy. Treatment recommendations were for diagnostic lumbar facet blocks at L3-L4, L4-L5, and L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTIONS BILATERAL L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet Joint Signs & Symptoms

Decision rationale: This patient presents with chronic low back pain with radiation down both lower extremities, described as numbness and tingling. The request was for bilateral L3-L4, L4-L5, L5-S1 facet injections bilaterally. ODG Guidelines provide a thorough discussion regarding facet diagnostic evaluation. It is not recommended for patients presenting with radiculopathy. It is not recommended at more than 2 levels, and physical examination must demonstrate paravertebral facet palpatory tenderness. In this case, the request is for 3 levels bilaterally, which exceeds what is allowed by ODG Guidelines. Performing more than 2 levels of facet joint injections are associated with high levels of false-positive results. Furthermore, this patient clearly has spinal stenosis with significant radicular pains. The patient has had lumbar epidural steroid injections as well. Facet diagnostic evaluations are not recommended for patients that presents with clear radicular features. The request is not medically necessary and appropriate.