

Case Number:	CM14-0017495		
Date Assigned:	04/14/2014	Date of Injury:	01/21/2012
Decision Date:	07/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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:

This is a 54-year-old male with a January 21, 2012 date of injury. He injured his lower back when he was stepping out of a vehicle and felt a twisting sensation in his lower back. On November 14, 2013, the patient is noted to have burning pain in his right leg and axial back pain. He has 5/5 motor strength to bilateral lower extremities. He has a negative Patrick's maneuver and positive sciatic notch. An office visit note from February 18, 2014 was reviewed and had a similar objective exam. A lumbar MRI on March 20, 2013 shows moderate-to-severe disc height loss with disc degeneration, discogenic end plate edema, and a 4mm disc bulge with mild compression and posterior displacement of the right traversing S1 nerve root. Diagnostic Impression was of lumbosacral spondylosis. Treatment to date includes medication management, chiropractic, acupuncture, and physical therapy. A UR decision dated February 5, 2014 denied the request for facet blocks based on the fact that there is no documentation of failure of conservative management. In addition, it was unclear whether the request was for facet injections or medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET NERVE BLOCK L5: 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.

Decision rationale: The California MTUS Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, this patient is documented to have radicular pain with lower extremity burning sensations. There is no formal plan of additional activity and exercise documented in addition to the facet joint therapy. Therefore, the request for bilateral lumbar facet nerve block at L4 to L5 is not medically necessary.

BILATERAL LUMBAR FACET NERVE BLOCK L4-5: 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.

Decision rationale: The California MTUS Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, this patient is documented to have radicular pain with lower extremity burning sensations. There is no formal plan of additional activity and exercise documented in addition to the facet joint therapy. Therefore, the request for bilateral lumbar facet nerve block at L4 to L5 is not medically necessary.

BILATERAL LUMBAR FACET NERVE BLOCK S1 (EACH ADDITIONAL LEVEL)

QTY 3: 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.

Decision rationale: The California MTUS Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT,

and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, this patient is documented to have radicular pain with lower extremity burning sensations. There is no formal plan of additional activity and exercise documented in addition to the facet joint therapy. In addition, it is unclear what this request is referring to in regards to each additional level. Therefore, the request for bilateral lumbar facet nerve block S1 (each additional level) quantity 3 is not medically necessary.

BILATERAL LUMBAR FACET NERVE BLOCK L4-5, L5, S1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The California MTUS Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, this patient is documented to have radicular pain with lower extremity burning sensations. There is no formal plan of additional activity and exercise documented in addition to the facet joint therapy. Therefore, the request for bilateral lumbar facet nerve block at L4-5 and L5-S1 is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Fluoroscopy.

Decision rationale: The associated request for facet nerve blocks was deemed not medically necessary. Therefore, the dependent request for Fluoroscopic Guidance is also not medically necessary.

IV SEDATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The associated request for facet blocks were not found to be medically necessary, therefore the associated request for IV sedation is not medically necessary.