

Case Number:	CM14-0018975		
Date Assigned:	04/23/2014	Date of Injury:	03/14/2007
Decision Date:	07/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/14/2014

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 Pain Management, 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 57-year-old with an injury date on March 14, 2007. Based on the January 6, 2014 progress report provided by [REDACTED] the diagnoses are: neck pain with left upper extremity cervical radiculitis/radiculopathy secondary to degenerative disc disease C3-T1 with C4-5 cervical spinal stenosis and multi-level neuroforaminal stenosis (Per MRI September 28, 2010), right lower extremity L3-4 lumbar radiculitis (shooting pain to right leg to medial thigh/knee, L3-4), L1 vertebral body compression fracture, L4 vertebral body compression fracture, multiple level degenerative disc disease L1-L5 with disc protrusion, 3.5mm at L2-3 and L4-5 and 4.4mm at L3-4 (per MRI of the lumbar spine on January 31, 2013), bilateral lumbar degenerative hypertrophic facet joint disease, moderate at bilateral L2-L4, moderate to severe at bilateral L4-5, and mild at bilateral L5-S1 (per MRI September 28, 2010), lumbar central canal spinal stenosis, moderate at L3-L5, mild at L2-3 (per MRI September 28, 2010), moderate right L3-4 foraminal stenosis and mild to moderate left L3-4 foraminal stenosis and mild right L4-5 foraminal stenosis (per MRI September 28, 2010), lumbar facet pain syndrome associated with facet DJD, L2-L5, and mild chronic left cervical radiculopathy in the C5-6 distribution on EMG (electromyography) study. Exam on January 6, 2014 showed "stable gait with lower back stiffness. Tenderness to palpation in lumbosacral paraspinal region at TTP, bilateral, L2-L5, overlying facet, right more than left. Mild bilateral PSIS tenderness. Facet loading and on right, mildly on left with lumbar back pain. Complains of shooting pain down right leg to medial thigh/knee, L3-4." On September 24, 2013, patient had a right lumbar facet joint nerve block/medial branch at right L1, a right L2, L3, and L4 medial branch: a total of four level performed. On 10/8/13, patient had left lumbar facet joint block/medial branch at right L1, a right L2, L3, and L4 medial branch. [REDACTED] is requesting outpatient facet nerve block L2-L5 x 2, right to be done then one week later, left. The utilization review determination being

challenged is dated January 14, 2014 and rejects request due to. [REDACTED] is the requesting provider, and he provided treatment reports from July 19, 2013 to January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FACET NERVE BLOCK L2-L5 X2, RIGHT TO BE DONE THEN 1 WEEK LATER LEFT: 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): 300-301, Chronic Pain Treatment Guidelines FACET INJECTIONS.

Decision rationale: According to the January 16, 2014 report by [REDACTED], this patient presents with "chronic lower back pain with right leg pain with tingling, weakness, over right anterior thigh and intermittently over foot." The request is for outpatient facet nerve block L2-L5 x 2, right to be done, then one week later, the left side. On October 17, 2013, patient reported after 2 nerve block injection, 50% pain relief for about six hours. On January 6, 2014 report, [REDACTED] states that patient "has good temporarily relief from first diagnostic facet medial branch block for facet pain. I recommend second diagnostic lumbar facet medial branch block for confirmatory reasons for facet pain." Regarding dorsal medial branch nerve block injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than two levels bilaterally. ODG no longer recommends confirmatory block which the treater has asked for. In this case, the patient only had 50% reduction of following prior injection which is a negative response. ODG guidelines require 70% or more reduction for a positive response. The treating physician is also asking for a second and confirmatory block which is not recommended. The request for two outpatient facet nerve blocks at L2-L5, right side, to be performed, then one week later the left side, is not medically necessary or appropriate.