

Case Number:	CM14-0114754		
Date Assigned:	08/04/2014	Date of Injury:	10/27/2011
Decision Date:	09/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 33-year-old female who reported an injury on 10/27/2011. The mechanism of injury was not noted within the documentation. She has a diagnosis of cervical pain/radiculopathy/herniated nucleus pulposus/sprain and lumbar pain/ herniated nucleus pulposus/radiculopathy/sciatica. Prior treatments were noted to be medications, ice packs, braces and heat. Surgical history includes lumbar hybrid arthroplasty and cervical artificial disc replacements. The injured worker had a lumbar MRI on 01/21/2014. It is noted there was no evidence of central canal or foraminal spinal stenosis, spondylosis or spondylolisthesis. The injured worker had a clinical evaluation on 03/25/2014. Her chief complaints were lumbar back pain, radiculopathic leg pain, throbbing and sharp, aching pain along the low back rated a 6/10. In addition, she noted numbness and tingling sensation along her bilateral toes which she rated a 4/10. The physical examination of the lumbar spine noted mild tenderness on palpation, no misalignment, asymmetry, or crepitation. Range of motion was limited with pain and there was no instability, subluxation, or laxity; no abnormal paraspinal strength and tone. There was decreased sensation on her right and left leg and in L5 and S1 distribution, otherwise normal sensation along her left and right lower extremities. The treatment plan is for Norco and a followup appointment. The provider's rationale was within the request. A Request for Authorization form was provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection SNRB to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: The request for Lumbar facet joint injection SNRB to L5-S1 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine notes invasive techniques are of questionable merit. Although ESI may afford short term improvement, it offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines provide indicators of pain related to facet joint pathology: (1) tenderness to palpation in the paravertebral areas (over the facet region); (2) a normal sensory examination; (3) absence of radicular findings, although pain may radiate below the knee; (4) normal straight leg raising exam. In regards to SNRB, a facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatments should be made on a case by case basis. Treatment requires a diagnosis of facet joint pain using a medial branch block. In addition, the request should have a formal plan of additional evidence based conservative care such as exercise. Documentation does not support the medical necessity for a lumbar facet joint injection for selective nerve root block to L5-S1. As such, the request for Lumbar facet joint injection SNRB to L5-S1 is not medically necessary.