MAXIMUS Federal Services

Case Number:	CM14-0127667		
Date Assigned:	08/15/2014	Date of Injury:	06/20/2013
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 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 53 year old male with an injury date of 6/20/13. This patient was seen on 7/02/14 by [redacted]., as a "follow up visit s/p bilateral L34 45 TFESI on 6/25/14 with 50% improvement in his leg and back pain thus far." This patient complains of still having pain "across the back radiating down to the left anterior lateral thigh, anterior leg and to some degree on the right side as well as in the anterior leg." Exam of this patient shows range of motion of the lumbar spine flexion is 45 degrees, extension 10 degrees" with "tenderness across the lower lumbar region and over the facet joints, muscle spasms identified with trigger points in the paralumbar region." There is also "decreased sensation in bilateral L3 and L4 distribution." This patient has "positive straight leg raise left side at 70 degrees." [redacted] references an undated MRI of the lumbar spine, which shows "disc bulges at multiple levels most notably at the L3-4, L4-5 and L5-S1 with foraminal narrowing bilaterally L34 L4-5 and L5-S1 with multilevel facet arthropathy." Also referenced was a 2/26/14 EMG testing of the lower extremities, showing a "right L5 radiculopathy, with reduced amplitude of the right peroneal nerve" and "no electrical evidence for peripheral neuropathy." The work status: patient can work with restrictions. Diagnoses for this patient are:1. Lumbago2. Thoracic or lumbosacral neuritis, or radiculitis, unspecified.3. Spondylosis with myelopathy, lumbar region.4. Spinal stenosis, lumbar region, without neurogenic claudication.5. Degeneration of lumbar or lumbosacral intervertebral disc.6. Displacement of lumbar intervertebral disc without myelopathy.7. Spasm of muscle.The utilization review being challenged is dated 7/23/14. The request is for bilateral L3/4, L4/5 facet block under fluoroscopic guidance/sedation. A request for authorization (RFA) was submitted by [redacted] on 3/03/14. The requesting provider is [redacted] and he has provided various progress reports from 1/15/14 to 7/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3/4, L4/5 Facet Block under Fluoroscopic Guidance/Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker Compensation ,Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Section (online) Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic f

Decision rationale: While CA MTUS is silent on the topic of facet blocks, ODG-TWC Low Back Procedure Summary Section (online) states that current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate function movement. Criteria for use of therapeutic intra-articular and medial branch blocks state "there should be no evidence of radicular pain, spinal stenosis, or previous fusion." Given this patient has radicular pain across the back and down the legs, bilaterally, and is diagnosed with spinal stenosis in the lumbar region per the 7/02/14 progress report, recommendation is for denial.