

Case Number:	CM14-0152175		
Date Assigned:	09/22/2014	Date of Injury:	06/09/1979
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 70 year old male who sustained a work injury on 6-9-79. 8-8-14 PR-2 notes the claimant has low back pain and request made for L4-L5 and L5-S1 facet injection. Office visit on 8-12-14 notes the claimant has low back pain and difficulties with activities of daily living (ADL's). The pain is sharp and constant. It does not go down the legs. He continues with right leg pain and weakness. The claimant has had sacroiliac joint injections that worked well for him. On exam, the claimant has pain with twisting o the lumbar spine. Sensation intact. Motor exam shows weakness in the right leg rated as 4+/5. Deep tendon reflexes (DTRs) are 2+.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation 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) Low back chapter - facet diagnostic blocks

Decision rationale: ODG notes that for facet diagnostic injections, clinical presentation should be consistent with facet joint pain, signs & symptoms.1. One set of diagnostic medical branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, physical therapy (PT) and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks. There is an absence in physical exam findings of facet mediated pain. Additionally, this claimant has some radicular complaints and weakness to the lower extremities, for which a facet injection is not indicated. Additionally, medial branch block are the recommended diagnostic blocks if there is a suspicion of facet mediated pain. Therefore, the medical necessity of this request is not established.

Right L4-5, L5-S1 lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation 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 (ODG) Low back chapter - facet diagnostic blocks

Decision rationale: ODG notes that for facet diagnostic injections, clinical presentation should be consistent with facet joint pain, signs & symptoms.1. One set of diagnostic medical branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is an absence in physical exam findings of facet mediated pain. Additionally, this claimant has some radicular complaints and weakness to the lower extremities, for which a facet injection is not indicated. Additionally, medial branch block are the recommended diagnostic blocks if there is a suspicion of facet mediated pain. Therefore, the medical necessity of this request is not established.