

Case Number:	CM14-0154746		
Date Assigned:	09/25/2014	Date of Injury:	01/02/2010
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 patient of the date of injury of January 2, 2010. A utilization review determination dated September 17, 2014 recommends noncertification of "lumbar facet block." A progress report dated June 30, 2014 identifies subjective complaints indicating that the patient is being seen in preparation of a lumbar epidural injection, has completed physical therapy would benefit, will begin additional therapy, and has had electrodiagnostic studies of the lower extremities. Current complaints include numbness and intermittent left leg pain as well as low back pain. Physical examination findings revealed decreased sensation over the left L3, L4, L5, and S1 dermatomes with tenderness to palpation in the lumbar spine and reduced left lower extremity strength. The diagnoses include left leg radiculopathy, L5-S1 disc herniation, and status post left L4-S1 redo laminotomy. The treatment plan recommends planned therapy and an epidural steroid injection. If he does not improve then a complete discectomy and fusion at L5-S1 may be considered. A progress report dated August 19, 2014 states that the patient underwent an epidural injection which did not help at all. The note goes on to state that electrodiagnostic studies were positive for peroneal motor neuropathy and chronic left L4 and L5 radiculopathy. The treatment plan recommends "a facet block."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (updated 08/22/14), Facet Joint Intra-articular Injections (therapeutic blocks)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks Therapeutic

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, the current request does not specify which side or levels are intended to be injected, and there is no provision to modify the current request. In light of the above issues, the currently requested Lumbar Facet Block is not medically necessary and appropriate.