MAXIMUS Federal Services

Case Number:	CM14-0157896		
Date Assigned:	10/01/2014	Date of Injury:	02/25/2011
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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:

The patient is a 55 year old male who sustained an industrial injury on 2/25/2011, to his lower back area. He is not currently working; he last worked on 9/15/2011. Previous treatment has included nerve blocks/injections, epidural steroids, chiropractor, narcotic pain medication, physical therapy, TENS, and psychiatrist/psychologist. Previous studies have been X-ray and MRI.A prior peer review on 9/12/2014 non-certified the requested right L4-5 facet joint injection, right L5-S1 facet joint injection, anesthesia, x-ray lumbar spine and fluoroscopic guidance on the basis that evidence of facet pathology was not demonstrated on examination. The requests were not supported by the guidelines, and not deemed medically necessary. According to the primary treatment provider (PTP) progress report by [redacted], the patient was seen for follow-up on 8/7/2014 with chief complaint of lumbar pain and intermittent right sciatica. He called in the morning to report the pharmacy had lost his Methadone prescription, and he needs a refill. He has poison oak secondary to his dog running around in weeds. Pain is frequent, and rated previous (good day) 3; current (good day) 5; previous (bad day) 8; current (bad day) rated 8. Current medications are Methadone 10mg 1 o q 4-6 hours max 5/day, Wellbutrin, Amitriptyline 50mg, and Valium 10mg. Physical examination of the lumbar/sacrum reports abnormal palpation and tenderness at L4-5, there is diffuse tenderness of the lower lumbar area and buttock area, extension and flexion are painful, and SLR is positive on the right at 25 degrees. Range of motion is 60 degrees flexion and 15 degrees extension, right/left lateral bending. Gait is slow, limps on right, there is left lumbar spasm, and right ankle dorsiflexion and plantar flexion weakness is reported. Sensory exam reports decreased right L5 and SI sensation to pin and light touch. Reflexes are 2+ in the bilateral lower extremities. Assessment - Prior problems: Right lumbar radiculopathy, lumbar degenerative disc disease (DDD), Right L5-S1 herniated disc, R/O lumbar discogenic spine pain, Lumbar spondylosis, Right trochanteric

bursitis, and Lumbar facet arthropathy. Problems seen for today: 1. Right lumbar radiculopathy, 2. Lumbar DDD, 3. Right L5-S1 herniated disc. Methadone is renewed and urine tox screen is ordered, and the patient is to continue conservative treatment to include home exercise program (HEP), moist heat and stretches.According to the PTP progress report by [redacted], the patient was seen for follow-up on 8/28/2014 with chief complaint of lumbar pain and intermittent right sciatica. He reports his condition is unchanged and is maintaining functional pain control with current medication regimen. Pain is frequent, and rated previous (good day) 5; current (good day) 4; previous (bad day) 8; current (bad day) rated 9. Current medications are Methadone 10mg 1 o q 4-6 hours max 5/day, Wellbutrin, amitriptyline 50mg, and valium 10mg. Physical examination of the lumbar/sacrum reports abnormal palpation and tenderness at L4-5, there is diffuse tenderness of the lower lumbar area and buttock area, extension and flexion are painful, and SLR is positive on the right at 25 degrees. Range of motion is 60 degrees flexion and 15 degrees extension, right/left lateral bending. Gait is slow, limps on right, there is left lumbar spasm, and right ankle dorsiflexion and plantar flexion weakness is reported. Sensory exam reports decreased right L5 and SI sensation to pin and light touch. Reflexes are 2+ in the bilateral lower extremities. Assessment - Prior problems: Right lumbar radiculopathy, Lumbar DDD, Right L5-S1 herniated disc, R/O lumbar discogenic spine pain, Lumbar spondylosis, Right trochanteric bursitis, and Lumbar facet arthropathy. Problems seen for today: 1. Right lumbar radiculopathy, 2. Lumbar DDD, 3. Right L5-S1 herniated disc, 4. Lumbar spondylosis. Methadone is renewed and urine tox screen is ordered, and the patient is to continue conservative treatment to include HEP, moist heat and stretches.

According to the append WC follow-up by [redacted], dated 9/3/2014, the patient reported severe pain over the right lower back for last several months and is worse during the office visits. He reports pain is worse on standing and walking, and a little better on sitting. Pain interferes with sleep, activities of daily living (ADLs), emotions and function. On examination, there is report of severe tenderness over lower lumbar facet joint on right side, right paralumbar spasm, and extension at 5 degrees causes severe pain. Diagnosis is right lumbar facet arthropathy. Recommendation is to proceed with diagnostic and therapeutic right lower lumbar facet joints injection; right L4-5 and L5-S1 facet joints injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Pain, Signs & Symptoms.

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

Decision rationale: The CA MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of Cortisone and Lidocaine) are of questionable merit." According to the Official Disability Guidelines, lumbar facet joint blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. Facet joint intra-articular injections (therapeutic blocks) are currently under study, the current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. There is minimal evidence for use as treatment. Regarding facet joint diagnostic

blocks (injections), the guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Criteria for the use of diagnostic blocks for facet "mediated" pain include:Clinical presentation should be consistent with facet joint pain, signs & symptoms: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):(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.And limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In the case of this patient, the medical records do not document clinical findings that support the existence of facet-mediated. There is diffuse tenderness to palpation of the lumbar and buttock region, not specific to over the facet region. In addition, there is an abnormal sensory exam, positive SLR test, and report of radicular findings including weakness of right ankle dorsiflexion and plantar flexion weakness is reported. The patient's primary diagnosis is right lumbar radiculopathy. He is not a candidate for lumbar facet injection. The request is not supported by the medical records and would not be recommended under the evidence based guidelines. The request is not medically necessary and appropriate.

Right L5-S1 Facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Pain, Signs & Symptoms.

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

Decision rationale: The CA MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit." According to the Official Disability Guidelines, lumbar facet joint blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. Facet joint intra-articular injections (therapeutic blocks) are currently under study, the current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. There is minimal evidence for use as treatment. Regarding facet joint diagnostic blocks (injections), the guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Criteria for the use of diagnostic blocks for facet "mediated" pain include:Clinical presentation should be consistent with facet joint pain, signs & symptoms: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):(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.And limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In the case of this patient, the medical records do not document clinical findings that support the existence of facet-mediated. There is diffuse tenderness to palpation of the lumbar and buttock region, not specific to over the facet region. In addition, there is an abnormal sensory exam, positive SLR test, and report of radicular findings including weakness of right ankle dorsiflexion and plantar flexion weakness is reported. The patient's primary diagnosis is right lumbar radiculopathy. He is not a candidate for lumbar facet injection. The request is not supported by

the medical records and would not be recommended under the evidence based guidelines. The request is not medically necessary and appropriate.

Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: For the reasons cited and detailed above, the patient is not an appropriate candidate for the proposed lumbar facet injections. In which case, consideration for anesthesia for the injection procedures is not medically necessary. The request is not medically necessary and appropriate.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography (X-Rays).

Decision rationale: According for the guidelines, routine x-rays are not recommended in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The medical record does not reveal any evidence of serious pathology. He has apparently had x-rays and MRI of the lumbar completed in the past. The physical examination is unchanged. There is no evidence of any potential red flag diagnosis. Furthermore, the patient is not an appropriate candidate for the proposed lumbar facet injections. In which case, consideration for any studies pertaining to the injection procedures is not medically necessary. The medical necessity of the request has not been established. The request is not medically necessary and appropriate.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Intra-Articular Injections (Therapeutic Blocks).

Decision rationale: According to the Official Disability Guidelines, Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. For the reasons cited and detailed above, the patient is not an appropriate candidate for the proposed lumbar facet injections. In which case, consideration for anesthesia for the injection procedures is not medically necessary. The request is not medically necessary and appropriate.