

Case Number:	CM14-0165325		
Date Assigned:	10/10/2014	Date of Injury:	02/16/2011
Decision Date:	12/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 55-year-old male with complaints of lower back pain radiating to the right lower extremity. The date of injury is 02/16/11 and the mechanism of injury was lifting and stacking large containers. At the time of request for lumbar facet blocks at L1-2 and L3-4 on the right, there is subjective (lower back pain with radiation into his right leg, right shoulder pain with lifting, depression and difficulty sleeping secondary to pain. Pain was rated at 7/10 and continuously aching, intermittently shooting, and sharp.) and objective (palpable muscle spasm and myofascial trigger points in the thoracolumbar and lumbosacral paraspinous muscles with twitch response and referral pattern, and pain at the extremes of motion and with facet Loading bilaterally, diminished sensation in the bilateral L5-S1 distributions, positive SLR on the left at 90 with back pain and on right at 50 with low back pain and right lower extremity radiating pain.) findings, imaging/other findings (L-spine MRI (undated) revealed small disc protrusion at L1-2, mild degenerative disc disease at L5-S1 and annular tear at L1-2. UDS dated 08/05/14 was positive for carisoprodol, Meprobamate and tramadol.), current medications (Duexis, tramadol, and Soma.), diagnoses (facet arthropathy at L1-2, and L3-4, sciatica, DDD of the lumbosacral spine, herniated nucleus pulposus at L1-2, right shoulder impingement, osteoarthritis, depression, and dyspepsia secondary to NSAIDs.), and treatment to date (ORIF of ankle fracture, transdermal compounded cream medication, PT, TENS unit, heat, ice, acupuncture, and ESI in June 2012 and 12/12/12 with relief.). The request for lumbar facet blocks at L1-2 and L3-4 on the right was denied 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet at L1-L2 and L3-L4 on the right: 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 Chapter, Criteria for the use of diagnostic blocks for facet

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 pain, Lumbar facet injection.

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus 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), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The request is not medically necessary.