

Case Number:	CM14-0167014		
Date Assigned:	10/14/2014	Date of Injury:	07/26/2010
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 50 year-old patient sustained an injury on 7/26/11 while employed by [REDACTED]. Request(s) under consideration include Bilateral Lumbar Diagnostic Facet Block C-Arm Fluoroscopy at the L4-5, L5-S1 Medial Branches. Diagnoses include Lumbar sprain/strain; thoracic/ lumbosacral neuritis/radiculitis; neck sprain/strain; closed fracture of upper fibular; arthropathy unspecified; and carpal tunnel syndrome. Report of 8/7/14 from the pain management provider noted the patient with ongoing chronic severe low back radiating into the lower extremity pain with associated numbness and tingling; neck and upper extremity pain into left shoulder with some numbness and tingling to the arms. Pain was rated at 8-10/10 and constant. Past medical history included hypertension and hemophilia. Medications list Tramadol and Atenolol. Exam of the lumbar spine showed pain at spinous processes of L5-S1; pain at facets of bilateral L4-5, and L5-S1; limited lumbar range in all directions; negative Lasegue's and SLR with positive Patrick's. No motor or sensory exam documented. MRI of the lumbar spine dated 12/23/13 showed 3 mm disc protrusion at L4-5 with mild bilateral recess, neural foraminal narrowing, disc dessication, and mild left facet degenerative changes. Diagnoses included lumbar spine sprain/strain/ disc bulging at L4-5 of 3 mm/ rule out radiculopathy; bilateral lumbar facet arthropathy at l3-S1; cervical sprain/strain; bilateral CTS and right ulnar neuropathy; and bilateral shoulder impingement. The request(s) for Bilateral Lumbar Diagnostic Facet Block C-Arm Fluoroscopy at the L4-5, L5-S1 Medial Branches was deemed not medically necessary on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar diagnostic facet Block C-Arm fluoroscopy At The L4-5, L5-S1 medial branches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with radiating low back pain into the lower extremities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results identifying disc protrusion with neural foraminal narrowing. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral Lumbar Diagnostic Facet Block C-Arm Fluoroscopy at the L4-5, L5-S1 Medial Branches is not medically necessary and appropriate.