

Case Number:	CM14-0167645		
Date Assigned:	10/14/2014	Date of Injury:	06/14/2014
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Georgia. 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 41 year old male who sustained an injury on 06/14/2014 while lifting a heavy box. Prior treatment history has included Relafen, Norco, at least 12 physical therapy visits which offered temporary relief, and bilateral epidural steroid injection on 07/21/2014. MRI performed 06/27/2014 demonstrated a 5 mm broad based annular bulge at L5-S1. Central and left paramedian disc herniation was noted. A 10 mm midline extruded disc fragment was noted to touch and slightly displace the origin of the S1 nerve roots. Initial consultation report dated 09/17/2014 documented the patient to have complaints of bilateral low back pain which was worse on the right side. He described it as achy and rated the pain a 7/10. His pain was exacerbated by lifting and twisting. On exam, the lumbar spine revealed tenderness to palpation over the lumbar paraspinal muscles at bilateral L4-L5 and L5-S1 facet joints. Range of motion of the lumbar spine exhibited extension at 20 degrees with low back pain and side bending was 20 degrees bilaterally with low back pain. Lumbar extension was reportedly more painful than flexion. Nerve root tension signs, including straight leg raise, cross straight leg raise, reverse straight leg raise, sitting root, Lasegue's, and Bragard's were negative bilaterally. Sustained hip flexion test was positive bilaterally. Muscle strength testing was 5/5 in all limbs. Sensation was intact to light touch, pinprick, proprioception, and vibration in all limbs. The patient was diagnosed with bilateral lumbar facet joint pain L4-L5, L5-S1, lumbar facet joint arthropathy, chronic low back pain, disc bulge L5-S1, and lumbar sprain/strain. A request was placed for bilateral L4-L5 and L5-S1 facet joint medial branch blocks to evaluate the presence of lumbar facet joint pain as the cause for the patient's bilateral low back pain. Prior utilization review dated 09/30/2014 stated the request for Diagnostic Left L4-5 and L5-S1 Facet Injection was not certified per the reviewer, "symptomatology, physical examination and imaging studies do not

indicate that the patient has significant facet mediated pain." Further, it stated the claimant "has radicular pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left L4-5 and L5-S1 facet injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 5th Edition, 2007, Low Back; Criteria for use Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint injection Page(s): 300. Decision based on Non-MTUS Citation (ODG) Low back, Facet joint medial branch blocks

Decision rationale: The Official Disability Guidelines recommend one set of facet diagnostic medial branch blocks in cases of pain which is consistent with facet joint pain at the requested levels. One set of diagnostic blocks is required with a response greater than or equal to 70% relief. The use of medial branch blocks should be limited to back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs) for at least 4-6 weeks prior to the procedure. The provided medical records present exam findings consistent with possible facet mediated pain. Despite rationale provided by the previous reviewer, recent exam findings are not consistent with radiculopathy. The patient was documented to have pain exacerbated by extension with negative neural tension signs and normal strength and sensory testing. MRI findings also note some facet disease at the L4-L5 level. Based on the ODG criteria and the clinical documentation stated above, the request is medically necessary.