

Case Number:	CM14-0022970		
Date Assigned:	05/14/2014	Date of Injury:	06/12/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 39 year old female who was injured on 06/12/2012 while twisting her body at work, sitting in an elevated chair; she said she developed not only lower back pain but also left leg pain. Prior treatment history has included physical therapy and aqua therapy. The patient underwent a left L3-4 microdiscectomy on 12/14/2012. MRI of the Lumbar spine performed in July 3, 2013 revealed granulation tissue presumably as a consequence of the surgery with a hemilaminotomy defect noted on the left side at that level. There is retrolisthesis at L4-5, which was increased from the prior study. At L4-5, there is a small central and left paracentral disk protrusion that was new. Comprehensive history and physical dated 03/17/2014 notes the patient reports she has some bad days and has leg pain complaints with L4, L5, and S1 pain. She reports her sleep is disturbed because of the pain. On exam, she has pain with lateral rotation. She has balance issues. She has positive tenderness to palpation over the facet joint line of the lumbar spine. The patient is diagnosed with lumbar degenerative disc disease, bilateral lower extremity pain, right greater than left, status post L3-L4 discectomy. The treatment and plan include lumbar corset and make an appeal for L3-4, L4-5, and L5-S1 facet joint injection bilaterally. Clinic note dated 01/13/2014 documented range of motion of the back exhibits extension to 21; flexion to 50; lateral bending on the right is 22; and lateral bending on the left is 23. The lumbar range of motion reveals very little change when compared to prior exam. Straight leg raise on the left is about 70 degrees. Patellar and Achilles reflexes were 2+ and symmetrically equal. Sensory examination was normal in all the dermatomes. Prior UR dated 02/10/2014 states the request for facet joint injections at levels L3-L4, L4-L5, and L5-S1 are non-certified as the patient does not meet the criteria for these injections. A hand written office note on 1/21/14 documented radicular pain with radiation in the lower extremities with positive straight leg raise. which is not indicative of facet mediated pain. Patient also reported prior RFA

procedure was not helpful. As facet block is used to determine if the patient is a candidate for RFA, and prior RFA was not helpful, proceeding with additional blocks would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET JOINT INJECTIONS AT LEVELS L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

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 - Lumbar & Thoracic (Acute and Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. The facet joint diagnostic blocks section in the ODG low back chapter recommend not more than one set of medial branch diagnostic blocks prior to facet neurotomy. In addition, clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The rationale in the prior UR dated 02/10/2014 remains relevant. A hand written office note on 1/21/14 documented radicular pain with radiation in the lower extremities with positive straight leg raise. which is not indicative of facet mediated pain. Patient also reported prior RFA procedure for neurotomy was not helpful. As facet block is used to determine if the patient is a candidate for RFA, and prior RFA was not helpful, proceeding with additional blocks would not be indicated. Because of these reasons, the medical necessity of Facet Joint Injections at Levels L3-L4, L4-L5, L5-S1 is not medically necessary.