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| Case Number: | CM14-0026496 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 12/03/2012 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 53 year old female who reported an injury to her lower back on 12/03/2012 of unknown mechanism. She complained of constant pain to the lumbar spine that radiates down the legs to the feet, the left more than the right, numbness and tingling that increased with prolonged sitting, standing, or walking more than five minutes also with bending and standing. She rated the pain an 8/10 on 0-10 scale. She stated that the pain is decreased with medications. Physical examination of the back on 03/31/2014 found tenderness to palpation to the midline and left paravertebral with spasms, positive sciatic notch bilaterally, and markedly decreased range of motion with pain on movement. Generally she appeared to be in moderate to acute distress per the examiner. There were no diagnostic studies submitted for review. She had diagnoses of lumbago, displacement of lumbar intervertebral disc, lumbar radiculopathy, facet hypertrophy syndrome, lumbar spinal stenosis, neuroforaminal stenosis at L1-2, L2-3, L3-4, and L4-5, facet arthropathy, and myalgia. The injured worker had past treatments of three epidural injections ranging from L1-2 through L5-S1 with the most recent dated 02/13/2014. According to the documentation on 02/24/2014 the injured worker reported no relief from the injection and noticed no change in functional abilities as before the injection. Her medications were cymbalta 60mg at bedtime and hydrocodone. The treatment plan is for (1) one right L3-4, L4-5, L5-S1 facet joint block as outpatient. The request for authorization was not submitted for review. There is no rationale for the request for (1) one right L3-4, L4-5, L5-S1 facet joint block as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT L3-4, L4-5, L5-S1 FACET JOINT BLOCK AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Facet Joint Intra-Articular Injections (Therapeutic Blocks).

Decision rationale: The request for (1) one right L3-4, L4-5, L5-S1 facet joint block as outpatient is not medically necessary. The injured worker complained of constant pain to the lumbar spine that radiates down the legs to the feet, the left more than the right, numbness and tingling that increased with prolonged sitting, standing, or walking more than five minutes also with bending and standing. She rated the pain an 8/10 on 0-10 scale. She stated that the pain is decreased with medications. The injured worker had past treatments of three epidural injections ranging from L1-2 through L5-S1 with the most recent dated 02/13/2014. According to the documentation on 02/24/2014 the injured worker reported no relief from the injections and noticed no change in functional abilities as before the injection. CA MTUS/ACOEM guidelines state that therapeutic facet joint injections are not recommended for acute, sub-acute and chronic low back pain. Official Disability Guidelines (ODG), low back facet joint intra-articular injections (therapeutic blocks) states that no more than one therapeutic intra-articular block is recommended, no more than 2 joint levels may be blocked at any one time, that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Also that if successful which means there is initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive and that there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. There is no documentation stating that she had any trials of physical therapy or other conservative measures and no plan anticipating the start any evidence based activity. As well, the injured worker had no relief after three epidural injections. Therefore the request for (1) one right L3-4, L4-5, L5-S1 facet joint block as outpatient is not medically necessary.