

Case Number:	CM14-0027158		
Date Assigned:	06/16/2014	Date of Injury:	02/16/2012
Decision Date:	08/13/2014	UR Denial Date:	02/21/2014
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 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 injured worker is a 37-year-old female with a reported date of injury on 04/18/2012. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include cervical degenerative disc disease, cervical disc herniation at C4-5 and C5-6, chronic cervical neck pain, cervical facet related pain, chronic lumbar pain consistent with facet related pain, lumbar degenerative disc disease, post-traumatic stress disorder, post-concussive syndrome. Her previous treatments were noted to include facet rhizotomy, radiofrequency rhizotomy, lumbar epidural injection, and medications. The provider reported a lumbar MRI performed 04/05/2012 showed minimal annular bulging with foraminal extension, left greater than right at L3-4 with no associated stenosis. There was minimal annular bulge and slight facet capsular thickening, mild foraminal narrowing at L4-5 and at L5-S1, and minimal bulge and thickening of the ligamentum flavum. The progress note dated 01/27/2014 revealed the injured worker complained of pain 7/10 and stated that since her 12/13/2013 lumbar epidural steroid injection that she had over 30% improvement and increased activity tolerance and sleep quality, which allowed her to reduce medications. However, the injured worker reported that the pain had resumed. The injured worker reported her pain was ranging from 6/10 to 9/10 daily and it seemed that she might benefit from a bilateral lumbar facet injection at L2-3, L3-4, and L4-5. The injured worker reported she had less leg pain but still had muscle spasms across the low back and constant lumbosacral ache and pain. The physical examination revealed mild tenderness throughout the cervical spine, tenderness from L4-S1 midline and paraspinously over the facets. The range of motion to the lumbar spine was noted to be forward flexion was to 80 degrees, extension was to 50 degrees, and lateral bending was to 15 degrees bilaterally. The extension and lateral bending were noted to be associated with increased discomfort. The straight leg raise testing was positive bilaterally and light touch sensation was intact in the lower

extremities. The motor strength testing was noted to be at full strength in the lower extremities. The Request for Authorization Form was not submitted within the medical records. The request was for bilateral lumbar facet injections to the L2-3, L3-4, L4-5, times 1, due to low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTION L2-3, L3-4, L4-5 TIMES 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks.

Decision rationale: The injured worker has had a previous lumbar epidural steroid injection with 30% pain relief. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of 1 diagnostic block to be performed prior to a neurotomy, and that this be a medial branch block. The guidelines state blocking 2 joints such as L3-4 and L4-5 would require blocks of 3 nerves (L2, L3, and L4). Blocking L4-5 and L5-S1 would require blocks of L3, L4, L5, with the option of blocking S1. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is the clinical presentation should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebrals area (over the facet region), a normal sensory examination, absence of radicular findings, and normal straight leg raising exam. The criterion states 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The criterion is limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. The injured worker had a lumbar epidural steroid injection that gave her 30% improvement and increased activity tolerance and sleep quality; however, it lasted approximately 6 weeks. Guidelines recommend no more than 2 facet joint levels to be injected at request exceeds guideline recommendations. The documentation provided indicated clinical findings consistent with facet joint pain; however, due to the request exceeding guideline recommendations, a bilateral lumbar facet injection is not warranted at this time. Therefore, the request is not medically necessary.