

Case Number:	CM14-0035019		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2004
Decision Date:	10/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 48 year-old patient sustained an injury on 6/28/2004 while employed by [REDACTED]. Request(s) under consideration include Right L4-L5, L5-S1 Lumbar Facet Joint Injection, 64493 X2, 64494 X2, 77003 X1, J1040X1. Diagnoses include right lumbar facet arthropathy s/p right hemilaminotomy at L4-5. Report of 10/8/13 from orthopedic provider noted patient with chronic mid and low back spasm, burning sensation, and pain radiating to right leg with associated numbness and tingling. Medications list Norco, Methocarbamol, Napraxen, and Lisinopril. Exam showed lower back spasm at lumbar and thoracic regions; mild tenderness at paraspinous process and sacroiliac joint; positive SLR at 80 degrees; decreased range of motion in all planes; diffuse 4/5 muscle strength. Treatment included physical therapy to increase strength, range, and flexibility with full duty. Report of 2/12/14 from the provider noted the patient with ongoing chronic low back pain rated at 6/10; slowly minimizing his activities from the pain. Exam showed lumbar spine pain with extension and rotation at right L4-5, L5-S1 and positive Kemp's test. The patient was noted to have prior right sacroiliac steroid joint injection along with trigger point injection in right buttock region with good pain relief to date with at least 80% improvement in buttock pain. The request(s) for Right L4-L5, L5-S1 Lumbar Facet Joint Injection, 64493 X2, 64494 X2, 77003 X1, J1040X1 was non-certified on 2/20/14 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:

Right L4-L5 Lumbar Facet Joint Injection,64493 X2, 64494 X2, 77003 X1, J1040X1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418: Not recommended except as a diagnostic tool. Therapeutic facet joint injections are not recommended for acute, subacute, or chronic LBP or for any radicular pain syndrome.

Decision rationale: This 48 year-old patient sustained an injury on 6/28/2004 while employed by YRC Worldwide. Request(s) under consideration include Right L4-L5, L5-S1 Lumbar Facet Joint Injection, 64493 X2, 64494 X2, 77003 X1, J1040X1. Diagnoses include right lumbar facet arthropathy s/p right hemilaminotomy at L4-5. Report of 10/8/13 from orthopedic provider noted patient with chronic mid and low back spasm, burning sensation, and pain radiating to right leg with associated numbness and tingling. Medications list Norco, Methocarbamol, Napraxen, and Lisinopril. Exam showed lower back spasm at lumbar and thoracic regions; mild tenderness at paraspinous process and sacroiliac joint; positive SLR at 80 degrees; decreased range of motion in all planes; diffuse 4/5 muscle strength. Treatment included physical therapy to increase strength, range, and flexibility with full duty. Report of 2/12/14 from the provider noted the patient with ongoing chronic low back pain rated at 6/10; slowly minimizing his activities from the pain. Exam showed lumbar spine pain with extension and rotation at right L4-5, L5-S1 and positive Kemp's test. The patient was noted to have prior right sacroiliac steroid joint injection along with trigger point injection in right buttock region with good pain relief to date with at least 80% improvement in buttock pain. The request(s) for Right L4-L5, L5-S1 Lumbar Facet Joint Injection,64493 X2, 64494 X2, 77003 X1, J1040X1 was non-certified on 2/20/14. 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 pain into the leg associated with numbness and tingling complaints with correlating clinical findings. Additionally, there are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Right L4-L5, L5-S1 Lumbar Facet Joint Injection,64493 X2, 64494 X2, 77003 X1, J1040X1 is not medically necessary and appropriate.