

Case Number:	CM14-0035731		
Date Assigned:	06/23/2014	Date of Injury:	05/25/2012
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 injured worker is a 57-year-old female who reported an injury on 05/25/2012. The mechanism of injury was not provided with the documentation. The injured worker's prior treatments were noted to be manual therapy, physical therapy, aqua therapy, and transcutaneous electrical nerve stimulation. The injured worker's diagnosis was noted to be lumbosacral neuritis and lumbosacral disc degeneration. The injured worker had a clinical evaluation on 02/19/2014. The injured worker was status post L4 through S1 decompression. She complained of worsening symptoms that flared up causing low back pain, primarily on the right side. The injured worker completed physical therapy in January and had continued to do exercises at home including core strengthening and planks. She continued to take ibuprofen, naproxen, and tramadol at bedtime. The injured worker reported no leg pain. She denied numbness, tingling, or weakness to the lower extremities. She denied bowel or bladder dysfunction. The objective findings on the physical exam showed the injured worker with significant pain upon extension. Lateral bend was 10 degrees to the left and less than 5 degrees to the right with pain. She continued to be tender over the lumbar incision site which as well healed. She had increased tenderness with palpation to the right paralumbar musculature and over spinous process midline, and the paraspinous musculature, right greater than left. She was mildly tender to sacroiliac joint on the right but nontender to sciatic notch bilaterally. She had full strength and sensation of the bilateral lower extremities. She had negative straight leg raise bilaterally. She had full range of motion bilaterally with hips and no pain. The treatment plan included a request for diagnostic bilateral facet injections at L3-4, L4-5, and L5-S1, and if this provides relief, then a rhizotomy procedure. The provider's rationale for the request was provided within the documentation dated 02/19/2014. A request for authorization for medical treatment was provided and dated 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Bilateral Facet Injections at lumbar 3-4 QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Facet Joint Injections, multiple series.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks.

Decision rationale: The request for Diagnostic Bilateral Facet Injections at lumbar 3-4 QTY: 2 is not medically necessary. The California MTUS, American College of Occupational and Environmental Medicine indicates facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic block. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had a previous fusion at the planned injection level. The clinical evaluation fails to indicate pain related to facet joint pathology. The documentation does not indicate failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Therefore, the request for the request for Diagnostic Bilateral Facet Injections at lumbar 3-4 QTY: 2 is non-medically necessary.

Diagnostic Bilateral Facet Injections at lumbar 4-5 QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Facet Joint Injections, multiple series.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks.

Decision rationale: The request for Diagnostic Bilateral Facet Injections at lumbar 4-5 QTY: 2 is not medically necessary. The California MTUS, American College of Occupational and

Environmental Medicine indicates facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic block. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had a previous fusion at the planned injection level. The clinical evaluation fails to indicate pain related to facet joint pathology. The documentation does not indicate failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Therefore, the request for Diagnostic Bilateral Facet Injections at lumbar 4-5 QTY: 2 is not medically necessary.

Diagnostic Bilateral Facet Injections at lumbar 5-Sacral 1 QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Facet Joint Injections, multiple series.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks.

Decision rationale: The request for Diagnostic Bilateral Facet Injections at lumbar 5-Sacral 1 QTY: 2 is not medically necessary. The California MTUS, American College of Occupational and Environmental Medicine indicates facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic block. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had a previous fusion at the planned injection level. The clinical evaluation fails to indicate pain related to facet joint pathology. The documentation does not indicate failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Therefore, the

request for Diagnostic Bilateral Facet Injections at lumbar 5-Sacral 1 QTY: 2 is not medically necessary.

Eight (8) visits Physical Therapy for lumbar spine QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for Eight (8) visits Physical Therapy for lumbar spine QTY: 8 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of active therapy may require more supervision from a therapist or medical provider such as a verbal, visual, and/or tactile instruction. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow 8 to 10 visits over 4 weeks. The injured worker has already had physical therapy. It is not noted the number of therapy sessions completed. It is not known if the physical therapy provided efficacy for her. It is not noted that the injured worker had any functional limitations and it is also not noted if the injured worker had decreased range of motion or decreased motor strength. Therefore, the request for Eight (8) visits Physical Therapy for lumbar spine QTY: 8 is not medically necessary.