

Case Number:	CM14-0046841		
Date Assigned:	07/02/2014	Date of Injury:	04/23/2012
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 56-year-old female who reported an injury on 04/23/2012. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses were noted to include psychalgia, displacement of lumbar intervertebral disc without myelopathy, lumbosacral radiculitis and degeneration of intervertebral disc. Her previous treatments were noted to include medications, physical therapy and a lumbar injection. +. The provider reported an MRI of the lumbar spine of 2012 noted bilateral impingement of the S1 roots and the injured worker has had 1 epidural steroid injection at L5-S1 which gave her 50% relief for approximately 2 to 3 months. The progress note dated 03/28/2014 reported the injured worker complained of low back pain with radiation of the pain to the bilateral S1 distribution to left lower extremities bilaterally. The pain was described as aching, burning, numbness, pulsating, shooting, throbbing, tingling and was rated 8/10 to 9/10. The injured worker also complained of bilateral lower extremity weakness as well as numbness and tingling along with stiffness and spasms of the low back. The physical examination reported sensation to light touch and pinprick were intact throughout except for diminished light touch sensation in the L4-S1 on the left side dermatomal distribution. The lumbar spine had noted normal motor strength and range of motion. Straight leg raising was positive bilaterally. Her deep tendon reflexes were noted to be 3+. The Request for Authorization was not submitted within the medical records. The request is for a bilateral facet joint injection L5-S1, however, the physician's rationale is not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Joint Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Radiculopathy Page(s): 46.

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, Facet joint diagnostic blocks.

Decision rationale: The request for bilateral facet joint injection L5-S1 is not medically necessary. The injured worker has received a previous lumbar epidural injection with significant pain relief. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to a facet Neurotomy if a Neurotomy is chosen as an option for treatment. The diagnostic blocks may be performed with anticipation that if successful, treatment may proceed to a facet Neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory exam, absence of radicular findings although the pain may radiate below the knee and a normal straight leg raising exam. The criteria also includes 1 set of diagnostic medial branch blocks that is required with a response of greater than 70%, the pain response should last at least 2 hours for lidocaine. The criteria are limited to patients with low back pain that is not radicular and no more than 2 levels bilaterally. There also 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. The criteria also included no more than 2 facet joint levels are injected in 1 session as well as diagnostic facet blocks should not be performed in patients until a surgical procedure is anticipated or have had a previous fusion procedure at the planned injection level. The documentation provided noted there was no tenderness or trigger point or muscle spasms present upon palpation to the lumbar spine and there was a diminished light touch sensation in the L5-S1 to the left side dermatomal distribution. The guidelines state the signs and symptoms related to facet joint pathology indicate a normal sensory examination as well as a normal straight leg. The injured worker was noted to have a positive straight leg raise test and diminished sensation to L5-S1 dermatomal distribution. The documentation provided has given signs of radiculopathy as opposed to facet joint pain. Therefore, the request is not medically necessary.