

Case Number:	CM14-0048472		
Date Assigned:	06/27/2014	Date of Injury:	11/26/2012
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 52-year patient sustained an injury on 11/26/12 from lowering a scooter from a van while employed by [REDACTED]. The request(s) under consideration include Lumbar facet joint block injection at the levels of L4-L5 and L5-S1. Diagnoses include lumbar intervertebral disc displacement and degeneration; Back pain with left lower extremity radiculopathy; and lumbar facet joint syndrome/hypertrophy. Conservative care has included physical therapy/chiropractic (20 visits), heat, acupuncture (39 sessions), medications, and modified activity/rest. Lumbar spine MRI of 2/11/13 showed left paracentral/foraminal disc herniation with moderate to severe left neural foraminal narrowing at L4-5 with effacement of left lateral recess and impression on left L5 nerve root; mild bilateral facet arthropathy at L5-S1. Report of 1/7/14 from the provider noted patient with ongoing chronic radiating neck pain and low back pain. Exam showed tenderness to palpation with spasm over the paraspinal muscles; restricted range. Diagnoses included cervical and lumbar spine discopathy. The patient was reported to have undergone EMG/NCV on 1/6/14; however, not report or results noted. Report of 1/15/14 from the chiropractic provider noted patient with ongoing neck and low back pain. Exam noted limitations in range; positive orthopedic testing including bilateral straight leg raises. There is notation the patient is s/p therapeutic epidural injection and therapeutic Percutaneous Epidural Decompression Neuroplasty of the lumbar nerve roots for analgesia at bilateral L4 and L5 with lumbar epidurogram on 1/30/14. The request(s) for Lumbar facet joint block injection at the levels of L4-L5 and L5-S1 was non-certified on 3/24/14 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:

Lumbar facet joint block injection at the levels of L4-L5 and L5-S1: 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) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: This 52-year patient sustained an injury on 11/26/12 from lowering a scooter from a van while employed by [REDACTED]. The request(s) under consideration include Lumbar facet joint block injection at the levels of L4-L5 and L5-S1. Diagnoses include lumbar intervertebral disc displacement and degeneration; Back pain with left lower extremity radiculopathy; and lumbar facet joint syndrome/hypertrophy. Conservative care has included physical therapy/chiropractic (20 visits), heat, acupuncture (39 sessions), medications, and modified activity/rest. The Lumbar spine MRI of 2/11/13 showed left paracentral/foraminal disc herniation with moderate to severe left neural foraminal narrowing at L4-5 with effacement of left lateral recess and impression on left L5 nerve root; mild bilateral facet arthropathy at L5-S1. Report of 1/7/14 from the provider noted patient with ongoing chronic radiating neck pain and low back pain. An exam showed tenderness to palpation with spasm over the paraspinal muscles; restricted range. Diagnoses included cervical and lumbar spine discopathy. The patient was reported to have undergone EMG/NCV on 1/6/14; however, not report or results noted. Report of 1/15/14 from the chiropractic provider noted patient with ongoing neck and low back pain. Exam noted limitations in range; positive orthopedic testing including bilateral straight leg raises. There is notation the patient is s/p therapeutic epidural injection and therapeutic Percutaneous Epidural Decompression Neuroplasty of the lumbar nerve roots for analgesia at bilateral L4 and L5 with lumbar epidurogram on 1/30/14. Per t, 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 no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent Neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with nerve impingement. There is no report from EMG recently performed. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks with repeated series of procedures beyond the guidelines criteria as the patient underwent recent percutaneous epidural decompression neuroplasty in January 2014 without functional benefit. The Lumbar facet joint block injection at the levels of L4-L5 and L5-S1 is not medically necessary and appropriate.