

Case Number:	CM14-0051982		
Date Assigned:	07/09/2014	Date of Injury:	06/09/2011
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 52-year-old male who reported an injury on 06/09/2011 due to a slip and fall. On 02/24/2014, he reported pain in the lumbar spine rated at a 4/10 and pain in the right shoulder rated at a 5/10. A physical examination revealed limited range of motion to the lumbar spine with flexion being 40 degrees, extension 50 degrees, positive straight leg raise on the left, decreased sensory exam in the L5 and S1 dermatomes. Bilateral shoulders had full range of motion. On 02/18/2014, he underwent a therapeutic epidural administration of Kenalog, Lidocaine, and Wydase for analgesia, a therapeutic percutaneous epidural decompression neuroplasty of the lumbar nerve roots for analgesia bilaterally at the L4 and S1, lumbar epidurogram, multiplanar fluoroscopy, and an interpretation of hard copy radiography. His diagnoses included displacement of the lumbar intervertebral disc, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet hypertrophy syndrome, bilateral spondylosis at the L5-S1 without spondylolisthesis associated with bilateral pars defect, and myalgia. Past treatments included rest, medications, physical therapy, and epidural steroid injections. The treatment plan was for bilateral lumbar facet joint block medial branch at the L4-5 and L5-S1. The Request for Authorization form and rationale for treatment were not provided in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Joint Block Medical Branch L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections.

Decision rationale: On 01/24/2014, the injured worker reported lumbar spine pain rated at a 4/10 and right shoulder pain rated at a 5/10. He was noted to have decreased sense in the L5-S1 levels, and decreased range of motion to the lumbar spine, and a positive straight leg raise on the left. Per the procedure report dated 02/18/2014, he was diagnosed with lumbar radiculopathy. The California MTUS/ACOEM Guidelines state that facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines state that facet joint diagnostic blocks should be used for those with low back pain that is non-radicular and at no more than 2 levels bilaterally. There must be a documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Based on the documentation provided for review, the injured worker has a diagnosis of lumbar radiculopathy, and facet joint blocks are not indicated for radiculopathy symptoms. In addition, it was noted that the injured worker had failed conservative treatment with physical therapy, medications, and rest; however, documentation of these therapies was not provided. The request is not supported by the guideline recommendations, as it appears that the injured worker has a diagnosis of radiculopathy and facet joint blocks are not indicated for radicular pain. Given the above, the request is not medically necessary.