

Case Number:	CM14-0053014		
Date Assigned:	07/07/2014	Date of Injury:	07/06/2001
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 38-year-old female who reported an injury on 07/6/2001. The mechanism of injury was not provided. Previously the injured worker had been treated with medications. The documentation of 3/11/2014 revealed the injured worker had low back pain. Associated symptoms included right lower extremity weakness and numbness in the right lower extremity. There was tingling in the right lower extremity. There was stiffness of the low back and spasms. The physical examination revealed the injured worker had diminished light touch sensation in the L4, L5 on the right side dermatomal distribution. The injured worker had tenderness to palpation over the paraspinal muscles overlying the facet joints and SI joints bilaterally. There was 1+ muscle spasm in the lower paraspinal. The range of motion was within normal limits except for flexion, which was limited to 45 degrees. Extension was limited to 15 degrees. The motor strength was within normal limits except for the lumbar spine flexors which were graded 4/5 and extensors graded 4/5. The motor strength was within normal limits except for the rectus abdominis, which were graded 3+/5. The straight leg raise test in the supine position was positive on the right side at 60 degrees. The diagnoses included degeneration of the lumbar intervertebral disc, spondylosis without myelopathy, low back pain, and lumbosacral neuritis. The treatment plan included facet injection of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block.

Decision rationale: The ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should 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 and no more than two facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than two levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. However, there was a lack of documentation of a normal sensory examination and a normal straight leg raise examination. There was a lack of documentation of a failure of conservative treatment including home exercise, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. Additionally, there was lack of documentation indicating if the injection gave positive results; the next step would be to proceed on to a facet neurotomy. Given the above, the request for L5 through S1 facet joint injection is not medically necessary.