

Case Number:	CM14-0060221		
Date Assigned:	09/12/2014	Date of Injury:	04/25/2013
Decision Date:	10/10/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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 is a 26 year old male with a 4/25/13 injury date. He injured his lower back while he was on top of a forklift and a coworker driving another forklift rear-ended him. In a follow-up on 1/24/14, subjective complaints included persistent low back pain with radicular symptoms into the legs. Objective findings included reduced lumbar range of motion, tightness and tenderness in the paraspinal muscles, and signs of "radicular irritability." A lumbar MRI on 1/30/14 showed an L3-4 diffuse disc bulge effacing the thecal sac, L4-5 focal central disc extrusion indenting the thecal sac with left neural foraminal stenosis effacing the left L4 exiting nerve root, and L5-S1 diffuse disc bulge effacing the thecal sac. Diagnostic impression: lumbar herniated disc, radiculopathy. Treatment to date: modified duty, medications, physical therapy, transforaminal nerve root injection at L5-S1 with neve block of L5 (10/18/13) without lasting pain relief. A UR decision on 3/25/14 denied the request for L4-5 and L5-S1 facet blocks on the basis that guidelines do not generally support facet joint injections for treatment of low back complaints, and a plan for subsequent facet neurotomy was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 facet block at the L4-L5 and L5-S1 under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in

Worker's Compensation, Chapter: Low Back-Lumbar & Thoracic- Facet joint diagnostic blocks (injections)

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

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In the present case, it is not clear from the more recent clinical follow-ups that the patient's complaints are largely axial in nature, and without a radicular component. In the 1/24/14 note, the patient still has radicular symptoms and physical exam showed "radicular irritability." The recent MRI supports a radiculopathy as well since there is evidence of left L4 nerve root compression. In addition, there is no documentation of a formal plan of evidence-based activity and exercise that would take place in addition to the proposed procedure. Therefore, the request for 1 facet block at the L4-L5 and L5-S1 under Fluoroscopy is not medically necessary.