

Case Number:	CM14-0063340		
Date Assigned:	07/11/2014	Date of Injury:	12/07/1998
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal 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:

The patient is an injured worker with a lumbosacral condition. Date of injury was 12-07-1998. Mechanism of injury was lifting a tank. Primary treating physician's progress report dated March 4, 2014 documented subjective complaints low back pain with symptoms of his lower extremities. Physical examination of the lumbar spine demonstrated tenderness to palpation in the upper, mid and lower lumbar paravertebral muscles and right sciatic notch. Range of motion reveals 25 degrees flexion, 20 degrees right lateral bending, 20 degrees left lateral bending, 15 degrees right lateral rotation, 20 degrees left lateral rotation and 10 degrees of extension. Straight leg raising on rectus femoris stretch sign causes pain in the back without nerve irritability. The patient walks with a nonantalgic gait. The patient is able to heel and toe-walk without difficulty. Diagnoses were lumbar radiculopathy, multilevel degenerative joint degenerative disc disease lumbar spine, and lumbar disc protrusions at L2-L3, L3-L4, L4-L5, L5-S1 and T11-T12. Treatment plan included home exercises, medications with instructions, MRI of the lumbar spine, electrodiagnostic studies of the lower extremities and neurologic consultation, TENS, and bilateral L4-5 and L5-S1 facet block. Utilization review determination date was 04-14-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet block: Upheld

Claims Administrator 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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,308-310.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) addresses facet joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. ACOEM 3rd Edition (2011) states that radiofrequency neurotomy and facet rhizotomy are not recommended. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document the diagnoses of lumbar radiculopathy, multilevel degenerative joint degenerative disc disease lumbar spine, and lumbar disc protrusions at L2-L3, L3-L4, L4-L5, L5-S1 and T11-T12. Bilateral L4-5 and L5-S1 facet block was requested. ACOEM guidelines do not support the medical necessity of bilateral L4-5 and L5-S1 facet block. Therefore, the request for bilateral L4-5 and L5-S1 facet block is not medically necessary.