

Case Number:	CM14-0075565		
Date Assigned:	07/16/2014	Date of Injury:	06/04/2011
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/23/2014

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 Management 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 patient with a date of injury of 6/4/11. A utilization review determination dated 4/24/14 recommends non-certification of facet joint injection bilateral L3-4, L4-5, and L5-S1. It referenced a 4/9/14 medical report identifying low back pain 8/10 with paravertebral and sciatic notch tenderness, trigger points, and taut bands noted. Pain is reproducible with facet loading and lumbar ROM is decreased. There is decreased sensation along the posterior lateral thigh, calf, and dorsum of the foot on the left. SLR is positive at 45 on the left and 60 on the right. EMG is said to reveal acute left L5 radiculopathy. ESI on 3/27/12 did not provide significant benefit. The reviewer noted a teleconference with the provider, clarifying that there are no radicular symptoms. ESI was unsuccessful in relieving the lumbar pain and the MRI did demonstrate facetogenic disease. There is increased pain with extension and on palpation of the facet regions. EDS was clarified and said to note no evidence of radiculopathy. The surgeon requested the procedure to potentially avoid surgery. The reviewer noted that the guidelines would support a medial branch block rather than facet block, and the provider agreed and would resubmit a request for a medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Intra -articular facet joint Injection At Bilateral L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar intra-articular facet joint injection at bilateral L3-4, L4-5, and L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit and facet neurectomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG guidelines recommend medial branch blocks rather than facet joint injections and they may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is no clear indication for facet joint injections rather than medial branch blocks given lack of guideline support for the former in the evaluation of facet-mediated pain. In addition, documentation of a teleconference has clarified that, while there is apparently no evidence of radiculopathy and a prior ESI was not beneficial, the provider had agreed that a medial branch block was the preferred procedure for evaluation of facet-mediated pain and planned on resubmitting the request for that procedure instead. Furthermore, ODG does not support the injection of more than two joint levels concurrently. In light of the above issues, the currently requested lumbar intra-articular facet joint injection at bilateral L3-4, L4-5, and L5-S1 is not medically necessary.