

Case Number:	CM14-0012158		
Date Assigned:	02/21/2014	Date of Injury:	10/13/2005
Decision Date:	09/10/2015	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male who sustained an industrial injury on 10-13-2005. He has reported pain in the lower back and has been diagnosed with lumbar spine surgery. Treatment has included surgery. Flexion was at 45 degrees, extension at 20 degrees, right bending was at 20 degrees, and left bending was at 20 degrees. Knee extensor was 5 out of 5. Sensation to the mid anterior thigh was intact. Mid lateral calf was intact. Lateral ankle was intact. The treatment request included 1 lumbar facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents on 12/03/13 with unrated pain in the lower back. The patient's date of injury is 10/13/05. Patient is status post unspecified spinal surgery on 02/20/07. The request is for 1 LUMBAR FACET BLOCK. The RFA is dated 12/03/13. Physical examination dated 12/03/13 reveals 45 degree lumbar range of motion on flexion, and 20 degrees on extension, left lateral bending, and right lateral bending. The patient's current medication regimen is not provided. Diagnostic imaging is not provided. Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: 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. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet mediated pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under Physical Methods, pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. In regard to the request for a facet block directed at L4/L5 and L5/S1 levels bilaterally, the patient does not meet guideline criteria. There is no indication in the documentation provided that this patient has undergone any lumbar facet block injections to date. This patient's clinical presentation is unclear, as only one progress note was included, dated 12/03/13. This progress note does not provide a truly comprehensive examination of the patient, nor a clear discussion of case history - though does indicate that this patient has undergone spine surgery of an unspecified nature and levels. No imaging or operative reports indicating the nature of previous surgeries is provided, either. Official disability guidelines do not support facet injections at levels which have undergone fusion in the past. While the records do not clearly document whether this patient has or has not undergone spinal fusion, without a clearer discussion of the levels involved and the nature of this patient's surgical history, compliance with ODG criteria for such injections cannot be obtained. Therefore, the request IS NOT medically necessary.