

Case Number:	CM14-0014233		
Date Assigned:	02/26/2014	Date of Injury:	02/08/2007
Decision Date:	03/06/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 62-year-old male who suffered a work related injury on 02/08/2007. Diagnoses include lumbar back pain, lumbar radiculopathy, and status post-operative procedure. A physician progress note dated 10/11/2013 notes the injured worker still has back pain and cramps down both legs, left greater than right, with the exact location of the pain in the anterior thigh an lateral thigh. Pain is rated 7 out of 10. Utilization Review dated 01/30/2014 documents a computed tomography myelogram on 06/27/2013 shows mild changes status post removal of surgical fixation hardware with evidence of bony fusion at L4-L5 posteriorly and L5-S1 anteriorly and posteriorly. No significant neuroforaminal or central canal stenosis are seen. The request is for Lumbar 4-5 facet block injection. Utilization Review dated 01/30/2014 non-certifies the request for Lumbar 4-5 facet block injection citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Low Back Complaints, Chapter 12, page 309, Facet joint injections are not recommended for the treatment of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 FACET BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, Section 508. Decision based on Non-MTUS Citation Low back, Facet joint blocks

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, L4-L5 facet block is not medically necessary. The ACOEM does not recommend facet joint blocks. Invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are questionable merit. The Official Disability Guidelines recommend no more than one set of medial branch blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The criteria for use of diagnostic blocks for facet "mediated" pain include, but are not limited to, patients with low back pain that is non-radicular and no more than two levels bilaterally; documentation of failure of conservative treatment for at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnosis is status post lumbar fusion followed by hardware removal October 2011; lumbago; and thoracic or lumbosacral neuritis or radiculitis. A CT myelogram of the lumbar spine was performed June 28, 2013. It showed fusion at L5-S1 in interbody and facet posteriorly, but L4-L5 I lateral facet disease. Subjectively, the injured worker complains of back pain and cramps down both legs. Objectively, the neurologic motor examination is normal and sensory examination is normal. The ACOEM does not recommend facet joint blocks. Invasive techniques are of questionable merit. The Official Disability Guidelines do not recommend facet joint blocks in patients who have had a previous fusion procedure at the planned injection level. CT myelogram of the lumbar spine performed on June 28, 2013 shows a fusion at L5-S1. Additionally, the injured worker has subjective radicular symptoms. There is a diagnosis of thoracic or lumbosacral neuritis or radiculitis. The criteria for diagnostic blocks for facet-mediated pain include patients with low back pain that is non-radicular. Consequently, absent clinical documentation to support a facet block and L4-L5 in the presence of radicular symptoms, previous fusion L5-S1 and a diagnosis of lumbosacral neuritis or radiculitis, L4-L5 facet block is not medically necessary.