

Case Number:	CM14-0182943		
Date Assigned:	11/12/2014	Date of Injury:	11/08/2012
Decision Date:	03/25/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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: Preventive Medicine, Occupational 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:

Injured worker is a male with date of injury 11/8/2012. Per progress note dated 10/16/2014, the injured worker complains of low back pain radiating to the left lower extremity, which has been getting worse. He states that the low back pain is more than the left leg pain with numbness and is rated at 8/10. He is taking Norco as needed, and is tolerating it well with no reported side effects. He has had more than 50% relief in the past with facet injections. On examination there is tenderness of the lumbar paravertebral muscles and posterior superior iliac spine. Straight leg raise is positive on the right. Strength is 5/5 bilateral and symmetrical in the lower extremities. Range of motion of the lumbar spine flexion 40 degrees and extension 10 degrees. There is positive facet loading sign and tenderness overlying the lumbar facets. Sensation to light touch and pinprick is intact to bilateral lower extremities. Deep tendon reflexes are symmetrical bilateral. Gait is not antalgic without assistive device. Diagnoses include 1) lumbar radiculitis 2) lumbar degenerative disc disease 3) lumbar facet arthropathy 4) myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for right L3 medial branch block with image guidance is determined to not be medically necessary.

Left L3 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels

should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for left L3 medial branch block with image guidance is determined to not be medically necessary.

Right L4 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for right L4 medial branch block with image guidance is determined to not be medically necessary.

Left L4 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for left L4 medial branch block with image guidance is determined to not be medically necessary.

Right L5 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the

facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for right L5 medial branch block with image guidance is determined to not be medically necessary.

Left L5 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for left L5 medial branch block with image guidance is determined to not be medically necessary.

Right S1 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for right S1 medial branch block with image guidance is determined to not be medically necessary.

Left S1 medial branch block with image guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. Medical reports indicate that the injured worker had facet joint injections on 6/16/2014. The injured worker reports greater than 50% relief from the facet joint injections. This request includes a total of eight injections (L3-S1 bilateral). This request is for repeat injections, which are not recommended. The request is also for more than two levels, which is also not recommended. Medical necessity of this request has not been

established within the recommendations of the MTUS Guidelines and the ODG. The request for left S1 medial branch block with image guidance is determined to not be medically necessary.