

Case Number:	CM14-0192886		
Date Assigned:	11/26/2014	Date of Injury:	03/09/2011
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 a 58-year-old male with injury date of 03/09/11. Based on the 10/21/14 progress report, the patient complains of increased right sided lower back pain, described as "continued pinching." Physical examination revealed "increased pain with all ROM," and diminished pinprick sensation in the left L5 and S1 dermatomes. Treater recommends a trial of facet injection because patient has failed medication management and physical therapy, and patient has "focal right sided low back pain which increases with extension" and is tender to palpation over the facet region per 10/21/14 report. Surgery per 10/21/14 progress report indicates the following: -L5-S1 laminectomy, discectomy, anterior lumbar interbody fusion in 07/02/12 -L4-L5 lumbar laminectomy facetectomy and discectomy with fusion in May 2014 Diagnosis 10/21/14- Displacement thoracic/lumbar intervertebral disc-Thoracic or lumbosacral neuritis or radiculitis unspecified The request is for Trial of Right Sided Lumbar Facet Injection At L3-L4. The utilization review determination being challenged is dated 11/06/14. The rationale is "no clear detail provided whether this for diagnostic or therapeutic purposes as medial branch blocks are only supported in the guideline criteria for diagnostic purposes and not for therapeutic treatment." Treatment reports were provided from 04/01/14 to 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of right sided lumbar facet injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: Patient presents with increased right sided lower back pain. The request is for Trial of Right Sided Lumbar Facet Injection At L3-L4. Patient is status L4-L5 lumbar laminectomy facetectomy and discectomy in May 2014 per 10/21/14 report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater recommends a trial of facet injection because patient has failed medication management and physical therapy, and patient has "focal right sided low back pain which increases with extension and is tenderness to palpation over the facet region" per 10/21/14 report. However, physical examination on 10/21/14 revealed diminished pinprick sensation in the left L5 and S1 dermatomes, and diagnosis dated 10/21/14 included displacement thoracic/lumbar intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. Based on ODG, facet joint injections are limited to patients with pain that is non-radicular, in the lumbar spine. The request is not inline with ODG criteria. The request for Trial of Right Sided Lumbar Facet Injection At L3-L4 is not medically necessary.