MAXIMUS Federal Services

Case Number:	CM14-0197627		
Date Assigned:	12/05/2014	Date of Injury:	02/28/2003
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old male who was injured on 2/28/2003. He was diagnosed with lumbosacral disc degeneration, neuritis, spinal stenosis and lumbar facet syndrome. He was treated with physical therapy, lumbar brace, cane, heating pad, and medications. Lumbar Computed Tomography (CT) scan from 12/12/12 showed moderate to severe central canal stenosis at L4-5 with multilevel spondylolisthesis (grade 1). On 10/23/14, the worker was seen by his pain management physician reporting left hip pain, low back pain, and needed medication refills as well as other illegible subjective comments. The physical examination findings included tenderness over left L4-S1 facet joints with lumbar spasm, decreased range of motion of lumbar spine and other illegible findings. He was then recommended to continue his medications, lose weight, do home exercises, use NSAIDS and ice, and have a L4-L5 and L5-S1 left-sided facet blocks. Flexeril was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Lumbar Facet under Fluoroscopic Guidance at Left L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Injection Lumbar Facet under Fluoroscopic Guidance at Left L4-5 and L5-S1

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, there was a history of lumbar spinal stenosis for many years with chronic low back pain leading up to this request for facet joint injections. His recent physical examination did reveal facet joint tenderness, however, the other criteria for considering diagnostic blocks such as absence of radiculopathy (which is inherent in spinal stenosis) was not clearly fulfilled. Also, if there was any change in the symptomatology and physical findings, it was not clearly included in the progress note which was partially illegible. Without a clearer fulfillment of the criteria for considering facet joint blocks, the injections are not medically necessary.