

Case Number:	CM14-0206600		
Date Assigned:	12/18/2014	Date of Injury:	01/28/2009
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

Patient is a 51-year-old female presenting with a work-related injury on January 28, 2009. On October 21, 2014 the patient complained of low back pain, but pain, that was associated with numbness. The physical exam revealed antalgic gait, ambulating with Walker, tenderness to palpation over lumbosacral region, point tenderness on the left lateral lumbosacral region, positive straight leg raise, decreased lumbar spine range of motion in all planes, hypoesthesia of toes and lateral calves, +1 and +2 pitting edema of the bilateral lower extremity. MRI of the lumbar spine was dictated in the note and revealed a left neural foramina disk protrusion, facet hypertrophy throughout, L4-5, L5-S1 bilateral foraminal narrowing. The patient was diagnosed with lumbago, lumbar degenerative disc disease, with radiculopathy, facet osteoarthritis, degeneration of thoracic or lumbar intervertebral disc. The patient was treated with nonsteroidal anti-inflammatory medication, Norco, Voltaren gel, Gabapentin and a lumbar epidural steroid injection. A claim was placed for bilateral L4 - L5, L5 - S1 facet injection for diagnostic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 facet injection for diagnostic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Pain Chapter, Treatment Consideration: Facet Injections.

Decision rationale: Bilateral L4-L5, L5-S1 facet injection for diagnostic is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as Modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain. The most recent physical exam indicated the radicular signs with a positive straight leg raise; therefore the requested procedure is not medically necessary.