

Case Number:	CM14-0207138		
Date Assigned:	12/19/2014	Date of Injury:	02/26/2014
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
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 Internal Medicine 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 injured worker (IW) is a 53-year-old man with a date of injury of February 26, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic lower back pain, left buttocks and thigh pain industrially aggravated secondary to slip and fall injury dated February 26, 2014; left buttocks and thigh continue to be quite disabling despite multiple sessions of chiropractic care; no signs and symptoms of spinal cord compression and cauda equine syndrome; lumbar x-rays on May 22, 2014 with 3.3 mm of retrolisthesis at L5-S1; MRI of the left shoulder dated November 6, 2014 shows a low-grade intrasubstance tearing of the anterior fibers of the supraspinatus tendon at the footprint with a small delaminating component that extends to the myotendinous junction. MRI of the lumbar spine dated August 9, 2014 indicates disc desiccation at L5-S1 level with a 4 mm central posterior disc protrusion making contact with and indents the anterior aspect of the thecal sac. Pursuant to the progress note dated November 13, 2014, the IW complains of left shoulder pain rated 6/10 and low back pain rated 7/10. The IW has been taking Ibuprofen as needed every few days as needed for pain. He also takes Prilosec to protect the stomach. The IW is interested in proceeding with lumbar injections for treatment of his low back pain. He has tried physical therapy without resolution of his symptoms. Examination of the lumbar spine reveals normal lordosis. The IW can ambulate without an antalgic gait. He can heel and toe walk without difficulty. He has tenderness to palpation in the center of the L5-S1 left facet joint area. There are no significant paraspinal muscle spasm noted. He has more low back pain on extension and left lateral bending. Straight leg raise test is positive for low back pain bilaterally. Faber's sign is negative. The treating physician is recommending and requesting authorization for bilateral lumbar facet block injections at L5-S1 for 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:

Bilateral L5-S1 facet block: Upheld

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

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); Facet Mediated Joint Blocks. Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/310069-clinical>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2684949/>.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral L5 - S1 facet block is not medically necessary. The ACOEM state "invasive techniques (local injections and facet joint injections of cortisone and lidocaine are questionable merit". When evaluating a patient with low back pain, the initial differential diagnosis can be broad. While certain symptoms may suggest systemic disease, neoplasm or acute nerve compression, the history cannot always differentiate the specific etiology of low back pain. The diagnosis of facet joint mediated pain is no exception. The history, physical examination studies cannot consistently identify facet joint pain. Lumbar facet joint pains are lateralized and can radiate below the knee. They rarely, if ever was axial or central back pain. In this case, the injured worker's working diagnosis is chronic low back pain, left buttock and thigh pain. The examination findings show tenderness to help patient in the center of L5 - S1 and the left facet. Range of motion is decreased and straight leg raising his positive. The clinical findings do not demonstrate lumbar facet pathology. Lumbar facet joint pains are lateralized and can radiate below the knee. They rarely, if ever was axial or central back pain Consequently, absent the appropriate clinical findings compatible with lumbar facet and the ACOEM guidelines regarding invasive techniques having questionable merit involvement, bilateral L5 - S1 facet block is not medically necessary.