

Case Number:	CM14-0208062		
Date Assigned:	12/22/2014	Date of Injury:	01/07/2010
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, 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 34-year-old male with a date of injury of 01/07/2010. According to progress report dated 11/03/2014, the patient presents with increase in left lower back pain. The patient has tried to taper his medications, but had reluctant, increased back pain, so he is back on his usual pattern. The patient's current medications include Norco 10 mg 6 tablets a day and Valium 5 mg p.r.n. Physical examination of the lumbar spine revealed palpable tenderness across the left lower lumbar region that extends towards the flank. Lumbar flexion, extension, and left-side bending are with severe restrictions, and right-side bending is with moderate restrictions. The patient appears to have left-sided facet loading maneuvers for his usual back pain, and there is quite a bit of tenderness to touch in that area. Right-sided palpation is unremarkable. Sensory exam revealed intact to light touch throughout the bilateral lower limbs without dermatomal pattern. Left-seated dural stretch causes irritation of the left buttock. The treating physician states that the patient has chronic low back pain with referral down the left leg. The patient is status post L4-L5 MLD and laminoforaminotomy x2. The patient has had preoperative MRI which showed evidence of facet joint hypertrophic changes at multiple levels. Treatment plan is for fluoroscopically-guided left lumbar facet joint injections targeting the left L4-L5 and L5-S1 levels "from a potentially diagnostic/therapeutic standpoint." The Utilization review letter dated 11/11/14 denied the request. Treatment reports from 4/30/14 through 11/3/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Facet Injection at L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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, facet joint diagnostic blocks.

Decision rationale: The patient presents with increase in left lower back pain. The current request is for LEFT LUMBAR FACET INJECTION AT L4-L5, L5-S1. ACOEM Guidelines do not support facet joint injections for treatments, but do discuss dorsal medial branch block and RF ablations following that on page 300 and 301. For more thorough discussion, ODG Guideline is consulted. ODG Guidelines regarding facet joint diagnostic blocks, under the low back chapter, does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. ODG further states, "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." This patient presents with low back pain that radiates into the lower extremity and as documented on report dated 07/02/2014 the patient has a diagnosis of left lumbar radiculopathy. In this case, diagnostic facet blocks are indicated for patients with non-radicular symptoms. The request facet injection IS NOT medically necessary.