MAXIMUS Federal Services

Case Number:	CM14-0039092		
Date Assigned:	06/25/2014	Date of Injury:	06/30/2010
Decision Date:	01/09/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/30/2014

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 and Rehabilitation 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 41 year old male with date of injury 06/17/10. The treating physician report dated 03/10/14 indicates that the patient presents with pain affecting the low back, buttocks, and legs. The patient states that the pain has been worsening. The patient rates their pain as 5/10 with medication. The patient has been on temperary total disability. The physical examination findings reveal tenderness in the lower back, decreased ROM, due to pain, pain with rotation flexion and hyperextrension of the back. Prior treatment history includes medication and a home exercise promgram. The patient was noted to not be a surgical candidate. EMG of the left lower extremity is within normal limits. MRI studies reveal mild spinal stenosis and mild disc bulging at L5-S1. The current diagnoses are: 1. Lumbar Radiculopathy, Right2. Chronic Pain Syndrome 3. Dengerative Disc Disease, Lumbar 4. Depression5. Insommnia, ChronicThe utilization review report dated 03/06/14 denied the request for Bilateral lumbar facet L3-L4-L5-S1 based on medical nessecity and giudelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet L3-L4-L5-S1: Upheld

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

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 Chapter: Facet joint injections.

Decision rationale: The patient presents with pain affecting the low back, buttocks, and legs. The current request is for Bilateral lumbar facet L3-L4-L5-S1. The treating physician's report dated 03/07/14 notes tenderness in the lumbar spine (44). The ODG guidelines have the following regarding lumbar facet injections, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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 medical branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The treating physician's 03/10/14 report (33) diagnosed the patient with lumbar radicular pain. The patient has received a LESI in the past but it failed, there is no documentation if this was related to the industrial injury. (73) In this case the treating physician has requested a bilateral lumbar facet injection from L3-S1. The ODG guidelines are clear that there should be no evidence of radicular pain as part of the criteria for performing a facet injection and the physician has documented radiating pain and diagnosed the patient with lumbar radiculopathy. Also, more than 2 joint levels were requested for block, which is not supported by ODG Guidelines. Therefore the request is not medically necessary.