

Case Number:	CM14-0087788		
Date Assigned:	07/23/2014	Date of Injury:	06/26/2008
Decision Date:	03/19/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 is a 73 year old male who sustained an industrial related injury on 5/11/98. The injured worker had complaints of low back pain, right lower extremity pain, and bilateral midscapular pain. Physical examination findings included multiple myofascial trigger points in the lumbosacral fascia and quadratus lumborum, positive straight leg raise test on the right, positive Lasegue's test, and a negative Homan's sign. There was a loss to pin prick at the L5 region and weakness was noted to dorsiflexion of the great toe on the right. Pain at the L4-5 facets bilaterally was noted. Treatment included a lumbar laminectomy performed approximately 6 years prior. Diagnoses included status post lumbar laminectomy at L4-5 with severe radiculopathy, L4-5 facet syndrome bilaterally, and discogenic pain of the lumbar spine particularly at L4-5. The treating physician requested authorization for lumbar facet injections at L4-5 levels bilaterally. On 5/27/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the provider requested both treatment of the facets as well as radicular pain and guidelines do not support treatment with both procedures as the same level due to diagnostic confusion. The injured worker did not meet the guidelines for facet injections. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections at the L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The requested Bilateral lumbar facet injections at the L4-L5, is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain, right lower extremity pain, and bilateral midscapular pain. The treating physician has documented multiple myofascial trigger points in the lumbosacral fascia and quadratus lumborum, positive straight leg raise test on the right, positive Lasegue's test, and a negative Homan's sign. There was a loss to pin prick at the L5 region and weakness was noted to dorsiflexion of the great toe on the right. Pain at the L4-5 facets bilaterally was noted. Treatment included a lumbar laminectomy performed approximately 6 years prior. The treating physician has documented evidence of radiculopathy, which is negative criteria for facet blocks, and does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result.