

Case Number:	CM15-0144331		
Date Assigned:	08/05/2015	Date of Injury:	04/13/2000
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38-year-old male who sustained an industrial motor vehicle accident injury on 04-13-2000. The injured worker was diagnosed with lumbosacral facet syndrome, lumbar disc bulge with left radicular pain and reactive depression. There were no surgical interventions noted except for lumbar epidural steroid injections and lumbar facet injections. Past treatments noted were diagnostic testing, acupuncture therapy, chiropractic therapy, physical therapy, lumbar epidural steroid injections, lumbar facet injections, psychological and pain management support and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain and stiffness with increased left leg numbness, tingling and weakness. The injured worker rates his pain level at 10 out of 10 without medications. The injured worker reported that previous lumbar facet injections provided approximately 6 months of pain resolution with 80-100% relief of pain and weakness. Examination of the lumbar spine demonstrated range of motion at 80 degrees flexion with mild back discomfort and lumbar extension 20 degrees re-producing low back pain. Straight leg raise on the left increased lower and mid back pain. This improves by left leg flexion. Motor strength of the left quadriceps was 5 minus out of 5, tibialis anterior and extensor digitorum brevis (EDB) were 4 plus out of 5 breakaway weakness and the peroneus and toes flexors were 5 minus out of 5. Left ankle reflex was diminished. Current medications are listed as Skelaxin and Percocet 10mg-325mg. The injured worker is Permanent & Stationary (P&S) and working full duty. Treatment plan consists of continuing medication regimen, psychological counseling and treatment, follow-up appointment and the current request for bilateral L3-L4, L4-L5, L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Injections, L3-L4, L4-L5, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Furthermore and according to ODG guidelines, 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 medial 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. In this case, there is no documentation that lumbar facets are the main [pain generator. There is no evidence of a formal plan of additional evidence- based activity and exercise in addition to facet joint injection. MTUS guidelines do not recommend facet injection if there is suspicion of radiculopathy. The patient in this case has radicular pattern of pain with positive abnormal neurological findings suggestive of radiculopathy. The provider is requesting injections from L3-S1 which is against the guidelines recommendation of No more than 2 joint levels may be blocked at any one time. Therefore, the request for Bilateral Lumbar Facet Injections, L3-L4, L4-L5, L5-S1 (sacroiliac) is not medically necessary.