

Case Number:	CM15-0182565		
Date Assigned:	09/23/2015	Date of Injury:	08/04/2014
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male with a date of injury on 8-4-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. Progress report dated 8-20-15 reports continued complaints of aching, sharp, shooting low back that radiated down the left leg pain and is associated with numbness and tingling. The pain is rated 4 out of 10. The pain is made worse with bearing weight, extension and flexion. MRI of the lumbar spine performed on 9-25-14 was reviewed by agreed medical examiner on 8-12-15 and revealed a tiny annular tear laterally in the L5-S1 disc immediately adjacent to the left S1 nerve root. The patient has had MRI of the lumbar spine on 7/21/15 that revealed disc protrusions and foraminal narrowing. The patient has had EMG study of lower extremity on 5/12/15 that revealed lumbar radiculopathy. Treatments have included: medication, physical therapy, heat and cold. He states trying Norco in the past with some relief. Currently taking naproxen 500 mg 1 every 12 hours. Physical exam reveals lumbar spine has no limitation with range of motion but movement is painful with flexion and extension and tenderness is noted on the left side. Plan of care includes: refer to physical therapy before considering more invasive treatment such as injection therapy. He did have treatment with physical therapy long ago. Will schedule facet joint injection. Request for authorization dated 8-21-15 was made for Lumbar facet injections left L4- 5, L5-S1. Utilization review dated 8-28-15 non-certified the request. The patient sustained the injury due to lifting heavy boxes. Per the note dated 10/6/15 the patient had complaints of low back pain with numbness and tingling in lower extremity at 9/10. Physical examination of the low

back revealed tenderness on palpation and positive SLR. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history includes tonsillectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections for the left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Injections.

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 (updated 09/22/15) Facet joint diagnostic blocks.

Decision rationale: Request: Lumbar facet injections for the left L4-5, L5- S1 ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint diagnostic blocks (injections) are "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study." Criteria for use of Facet joint diagnostic blocks (injections) are as follows: "Clinical presentation should be consistent with facet joint pain, signs & symptoms." 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review previous fusion at the targeted level. Evidence of documentation of failure of conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. Per the note dated 10/6/15, the patient had complaints of low back pain with numbness and tingling in lower extremity at 9/10. The patient has had MRI of the lumbar spine on 7/21/15 that revealed disc protrusions and foraminal narrowing. The patient has had EMG study of lower extremity on 5/12/15 that revealed lumbar radiculopathy. As per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. This patient has evidence of radiculopathy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Lumbar facet injections for the left L4-5, L5-S1 is not medically necessary.