

Case Number:	CM15-0188707		
Date Assigned:	09/30/2015	Date of Injury:	10/07/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 10-7-2014. He reported he developed pain in the neck and low back after a motor vehicle accident. The lumbar spine MRI dated 3-26-15, was noted to reveal disc collapse at L4-5 and L5-S1 with right greater than left neural foraminal stenosis. Diagnoses include disc collapse at L5-S1 with foraminal narrowing. Treatments to date include activity modification, medication therapy, chiropractic therapy, aquatic therapy. Currently, he complained of ongoing neck and low back pain with radiation into the buttock. On 8-28-15, the physical examination documented no physical findings for the lumbar spine. The plan of care included bilateral facet injection to L5-S1 levels. The appeal requested authorization for one facet injection to bilateral L5-S1. The Utilization Review dated 8-28-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 facet injection, per 08/28/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks Low Back Chapter, under Facet joint pain, signs & symptoms.

Decision rationale: The patient presents on 08/28/15 with unrated neck and lower back pain. The patient's date of injury is 10/07/14. Patient is status post cervical ESI at C5-6 level on 09/16/15. The request is for right L5-S1 facet injections, per 08/28/15 order. The RFA is dated 08/28/15. Physical examination dated 08/28/15 reveals tenderness to palpation of the lumbar and cervical paraspinal musculature, positive thoracic outlet sign, decreased sensation in the left thumb and radial hand. No remarkable findings in the lumbar spine are noted. The patient is currently prescribed Levothyroid and Ibuprofen. Patient is currently classified as temporarily totally disabled. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: 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." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: "Clinical presentation should be consistent with facet joint pain, signs & symptoms." ODG Low Back Chapter, under Facet joint pain, signs & symptoms states: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back complaints, page 300, under Physical Methods states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." In regard to the request for a diagnostic facet block directed at the L5/S1 levels bilaterally, the patient does not meet guideline criteria. There is no indication in the documentation provided that this patient has undergone any lumbar facet block injections to date. Progress note dated 08/28/15 - which is associated with the request - does not provide any pertinent examination findings suggestive of facet-mediated pain. There is an extensive cervical spine examination, however the physical examination to the lumbar spine and lower extremities is unremarkable, and does not provide evidence of tenderness over facet regions. Were the provider to include documentation of tenderness to palpation of the lumbar facets, the recommendation would be for approval; as this patient's lower back pain lacks a radicular component. However, without appropriate documentation of signs and symptoms indicative of facet-mediated pathology, the request cannot be substantiated. Therefore, the request is not medically necessary.

Left L5-S1 facet injections, per 08/28/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks Low Back Chapter, under Facet joint pain, signs & symptoms.

Decision rationale: The patient presents on 08/28/15 with unrated neck and lower back pain. The patient's date of injury is 10/07/14. Patient is status post cervical ESI at C5-6 level on 09/16/15. The request is for left L5-S1 facet injections, per 08/28/15 order. The RFA is dated 08/28/15. Physical examination dated 08/28/15 reveals tenderness to palpation of the lumbar and cervical paraspinal musculature, positive thoracic outlet sign, decreased sensation in the left thumb and radial hand. No remarkable findings in the lumbar spine are noted. The patient is currently prescribed Levothyroid and Ibuprofen. Patient is currently classified as temporarily totally disabled. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: 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." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself... Criteria for the use of diagnostic blocks for facet "mediated" pain: "Clinical presentation should be consistent with facet joint pain, signs & symptoms." ODG Low Back Chapter, under Facet joint pain, signs & symptoms states: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back complaints, page 300, under Physical Methods states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." In regard to the request for a diagnostic facet block directed at the L5/S1 levels bilaterally, the patient does not meet guideline criteria. There is no indication in the documentation provided that this patient has undergone any lumbar facet block injections to date. Progress note dated 08/28/15 - which is associated with the request - does not provide any pertinent examination findings suggestive of facet-mediated pain. There is an extensive cervical spine examination, however the physical examination to the lumbar spine and lower extremities is unremarkable, and does not provide evidence of tenderness over facet regions. Were the provider to include documentation of tenderness to palpation of the lumbar facets, the recommendation would be for approval; as this patient's lower back pain lacks a radicular component. However, without appropriate documentation of signs and symptoms indicative of facet-mediated pathology, the request cannot be substantiated. Therefore, the request is not medically necessary.