

Case Number:	CM15-0210068		
Date Assigned:	10/29/2015	Date of Injury:	01/18/2006
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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 58 year old male injured worker suffered an industrial injury on 1-18-2006. The diagnoses included chronic low back pain with radicular features and discogenic low back pain. On 9-16-2015 the provider reported low back pain. The provider reported the bilateral lumbar transforaminal epidural steroid injection on 9-1-2015 he had 3 to 4 days of significant relief of back and radicular pain. He reported pain and numbness radiating to the lateral legs. The pain levels were 6 out of 10 without medications and 4 out of 10 with medication. The medications in use were Tramadol, Naproxen, Cyclobenzaprine, Gabapentin and Norco. On exam the lumbar spine was tender with reduced range of motion and increased pain with extension. He had an altered gait with a cane. The provider reported the lumbar magnetic resonance imaging 4-28-2015 revealed facet arthritis at several levels. He had tenderness in the facets with pain on extension. Request for Authorization date was 9-23-2015. Utilization Review on 9-30-2015 determined non-certification for Right L4-L5 and L5-S1 facet injections with moderate sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 facet injections with moderate sedation and fluoroscopic guidance:
Upheld

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

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.

Decision rationale: The patient presents on 09/16/15 with lower back and bilateral knee pain rated 4/10 with medications, 6/10 without. The provider notes that this patient's lower back pain radiates into the bilateral lower extremities and is associated with numbness in the affected limbs. The patient's date of injury is 01/18/06. Patient is status post lumbar ESI at L5 level on 09/01/15. The request is for Right L4-L5 and L5-S1 facet injections with moderate sedation and fluoroscopic guidance. The RFA is dated 09/23/15. Physical examination dated 09/16/15 reveals tenderness to palpation of the lumbar paraspinal musculature and facets at L4 through S1 levels, and tenderness at the joint line of the right knee with crepitus noted. The patient is currently prescribed Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, Tamsulosin, Crestor, Hydrochlorothiazide, Amlodipine, Gabapentin, and Norco. Patient is currently classified as permanent and stationary. 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: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 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 L4/L5 and L5/S1 levels, the patient does not meet guideline criteria. There is no indication in the documentation provided that this patient has undergone any lumbar facet injections to date. Guidelines do not support such procedures in patients who present with radicular pain. This patient presents with chronic lower back pain which radiates into the lower extremities, as the provider specifically states in progress note dated 09/16/15: "Currently he has aching pain in the lower back. He has pain and numbness radiating into the lateral legs." [sic] While this patient presents with chronic lower back pain poorly controlled by other measures, the presence of radiculopathy precludes lumbar facet injections, diagnostic or otherwise. Therefore, the request is not medically necessary.