MAXIMUS Federal Services

Case Number:	CM15-0213755		
Date Assigned:	11/03/2015	Date of Injury:	05/14/2013
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina
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:

The injured worker is a 58 year old male, who sustained an industrial injury on 5-14-13. The injured worker was being treated for left leg radiculopathy with progressive weakness, L4-5 stenosis, L4-S1 facet arthropathy and L4-S1 disc degeneration. On 9-16-15 and 9-21-15, the injured worker complains of low back pain rated 6 out of 10 with radiation down left leg to left foot and rated 6 out of 10. He is temporarily totally disabled. Physical exam performed on 9-16-15 and 9-21-15 revealed normal gait, palpable tenderness of paravertebral muscles bilaterally and decreased sensation over right L5 and S1 dermatome distribution.On 8-18-14 a normal EMG study of bilateral lower extremities was performed and on 8-5-14 MRI of lumbar spine revealed severe disc degeneration L5-S1, disc annular tear at L4-5, L4-5 and L5-S1 disc displacement, L4-5 severe lateral recess stenosis, mild to moderate right lateral recess stenosis L4-5 and moderately severe facet arthropathy L4-5 and L5-S1 with moderately severe lateral recess stenosis left and moderate right. Treatment to date has included oral medications including Medrol dose pack, epidural steroid injection (which he states worsened his symptoms), physical therapy, acupuncture and chiropractic therapy "all which have not provided significant improvement". On 9-21-15 request for authorization was submitted for pain management consultation and facet blocks at L4-5 and L5-S1 and LSO brace.On 10-2-15 request for facet blocks at L4-5 and L5-S1 bilaterally was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks at bilateral L4-L5 and L5-S1: Upheld

Claims Administrator 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- Lumbar & thoracic Chapter Facet joint injections, multiple series, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain.Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70% 2. Limited to non- radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy 4. No more than 2 joint levels are injected in 1 session5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the patient has radicular pain symptoms. Therefore the request is not medically necessary.