

Case Number:	CM15-0047920		
Date Assigned:	03/20/2015	Date of Injury:	01/14/2008
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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 48-year-old male, who sustained an industrial injury on 1/14/2008. He has reported missing a step while carrying a box resulting in low back pain. The diagnoses have included multilevel lumbar degenerative disc disease and radiculopathy. Treatment to date has included medication therapy, physical therapy and epidural injections. Currently, the IW complains of low back pain with bilateral hip and leg symptoms. Pain was rated 8/10 VAS. The provider documented that pain was relieved partially by medication therapy and prior lumbar steroid injection were 75% successful in relief of pain. The physical examination from 2/10/15 documented lumbar tenderness near muscles and facet joint. There was pain and decreased lumbar Range of Motion (ROM) documented. The plan of care included medication therapy and lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Facet Injections at L2-L3, L3-L4, L4-L5 & L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint diagnostic blocks Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: Per the 02/10/15 report, the patient presents with lower back pain radiating to the bilateral hips and bilateral lower extremities s/p LESI with significant improvement. The patient's listed diagnoses include Radiculopathy lumbar region. The current request is for LEFT LUMBAR FACET INJECTIONS AT L2-L3, L3-L4, L4-L5, & L5-S1. The RFA is not included. The reports do not state if the patient is currently working. ODG guidelines Low Back Chapter, Facet joint diagnostic blocks, state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. Examination of the lumbar spine on 02/10/15 reveals facet tenderness. Straight leg raise is normal bilaterally with intact sensation to light touch in the bilateral lower extremities. The treating physician states the patient received multiple series of lumbar facet injections with temporary relief. In this case, ODG guidelines state that facet joint diagnostic blocks are indicated for non-radicular pain and this patient has a diagnosis of lumbar radiculopathy. However, guidelines state that pain may radiate below the knee with paravertebral facet tenderness and normal sensory and straight leg examination which have been documented for this patient. The treater does not explain why additional facet joint injections are needed as there is no need to repeat DMB blocks, and ODG guidelines do not support multiple diagnostic DMB blocks. Furthermore, guidelines state blocks are for no more than two levels bilaterally and this request is for 4 levels. The request IS NOT medically necessary.

Right Lumbar Facet Injections at L2-L3, L3-L4, L4-L5 & L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint diagnostic blocks Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: Per the 02/10/15 report, the patient presents with lower back pain radiating to the bilateral hips and bilateral lower extremities s/p LESI with significant improvement. The patient's listed diagnoses include Radiculopathy lumbar region. The current request is for RIGHT LUMBAR FACET INJECTIONS AT L2-L3, L3-L4, L4-L5, & L5-S1. The RFA included is dated 02/11/15. The reports do not state if the patient is currently working. ODG

guidelines Low Back Chapter, Facet joint diagnostic blocks, state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore, documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. Examination of the lumbar spine on 02/10/15 reveals facet tenderness. Straight leg raise is normal bilaterally with intact sensation to light touch in the bilateral lower extremities. The treating physician states the patient received multiple series of lumbar facet injections with temporary relief. In this case, ODG guidelines state that facet joint diagnostic blocks are indicated for non-radicular pain and this patient has a diagnosis of lumbar radiculopathy. However, guidelines state that pain may radiate below the knee with paravertebral facet tenderness and normal sensory and straight leg examination, which have been documented for this patient. The treater does not explain why additional facet joint injections are needed as there is no need to repeat DMB blocks. ODG guidelines do not support multiple diagnostic DMB blocks. Furthermore, guidelines state blocks are for no more than two levels bilaterally and this request is for 4 levels. The request IS NOT medically necessary.