

Case Number:	CM14-0121393		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2010
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who has submitted a claim for s/p L5-S1 right sided laminectomy, left lower extremity radiculopathy and paresthesia, and severe left lateral recess stenosis at L4-L5 and L5-S1 associated with an industrial injury date of 6/10/2010. Medical records from 5/23/13 up to 5/13/14 were reviewed showing constant severe mechanical axial back pain and marked bilateral leg radiculopathies including pain, numbness, and weakness. She continues to have numbness down the left lower extremity in the L4 nerve root distribution. Physical examination revealed significant radiculopathies as before. Sensation is diminished over bilateral L5 and S1, and left L4 dermatomal distributions. DTRs are 2+ with muscle strength of 5/5. She has difficulties with ambulation and exhibits a wide-based gait and instability. MRI of lumbar spine taken on 2/5/14 revealed L4-5: There is a broad based disc protrusion that abuts the thecal sac. There is marked spinal canal narrowing as well as bilateral recess and neuroforaminal narrowing. There is L>R impingement on the L4 exiting nerve roots. Treatment to date has included ESI, Terocin, Flurbi, Genicin, Gabacyclotram, Somnicin, and Toradol. Utilization review from 7/17/2014 denied the request for Lumbar Facet Injection L4-L5. There was no clear detail provided why this injection is being requested and whether this is for diagnostic or therapeutic purposes. There was also mention of the patient having significant positive objective findings of a lumbar radiculopathy which is a contraindication for doing facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14), Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Block

Decision rationale: Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the patient has constant severe mechanical axial back pain and marked bilateral leg radiculopathies including pain, numbness, and weakness. She continues to have numbness down the left lower extremity in the L4 nerve root distribution. Physical examination revealed significant radiculopathies as before. Sensation is diminished over bilateral L5 and S1, and left L4 dermatomal distributions. DTRs are 2+ with muscle strength of 5/5. She has difficulties with ambulation and exhibits a wide-based gait and instability. MRI of lumbar spine taken on 2/5/14 revealed L4-5: There is a broad based disc protrusion that abuts the thecal sac. There is marked spinal canal narrowing as well as bilateral recess and neuroforaminal narrowing. There is L>R impingement on the L4 exiting nerve roots. The patient clearly has significant signs and symptoms of radiculopathy which is also corroborated by imaging studies. Presence of radiculopathy is not an indication for facet block. Moreover, there is no documented plan for an exercise program in conjunction with facet joint block. Guideline criteria are not met. Therefore, the request for Lumbar Facet Injection L4-L5 is not medically necessary.