

Case Number:	CM14-0122217		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2011
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

This patient sustained an injury on 5/5/11 while employed by [REDACTED]. Request(s) under consideration include Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once. Diagnoses include Thoracic/ Lumbosacral neuritis/ radiculitis; acute gastritis. Conservative care has included medications, physical therapy, and modified activities/rest. Lumbar spine MRI dated 6/2/13 showed facet joint hypertrophy at L4-5. Report of 1/27/14 from orthopedic QME noted patient with ongoing neck pain radiating to right upper extremity, right shoulder pain, and low back pain radiating into right lower extremity with intermittent numbness and tingling. The patient takes Mobic and Voltaren gel. Exam showed lumbar spine with persistent tenderness on palpation of paravertebral muscles in lower lumbar region; limited range in all plants with positive SLR and Bragard testing on right. Diagnoses included Lumbar intervertebral disc disorder confirmed by MRI; Lumbar radiculitis/ radiculopathy; right shoulder mild tendinosis and impingement syndrome. Provider noted patient doing well with acupuncture and treatment was continued with medications and back orthosis as needed. Report of 2/13/14 noted MRI of lumbar spine showed L4-5 annular tear/fissure with disc protrusion. EMG/NCS 2/14/14 of lower extremity showed chronic right S1 radiculopathy; Upper extremity showed mild bilateral CTS, mild bilateral ulnar neuropathy; chronic right C5 radiculopathy. Report of 7/17/14 from pain management provider noted the patient with ongoing chronic low back symptoms s/p medication and therapy trials. Exam showed positive Kemp's test on right with limited extension and facet tenderness on palpation. The request(s) for Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once was modified for right side at L4-5 only on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Low Back (updated 06/10/14) 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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: This patient sustained an injury on 5/5/11 while employed by [REDACTED]. Request(s) under consideration include Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once. Diagnoses include Thoracic/ Lumbosacral neuritis/ radiculitis; acute gastritis. Conservative care has included medications, physical therapy, and modified activities/rest. Lumbar spine MRI dated 6/2/13 showed facet joint hypertrophy at L4-5. Report of 1/27/14 from orthopedic QME noted patient with ongoing neck pain radiating to right upper extremity, right shoulder pain, and low back pain radiating into right lower extremity with intermittent numbness and tingling. The patient takes Mobic and Voltaren gel. Exam showed lumbar spine with persistent tenderness on palpation of paravertebral muscles in lower lumbar region; limited range in all plants with positive SLR and Bragard testing on right. Diagnoses included Lumbar intervertebral disc disorder confirmed by MRI; Lumbar radiculitis/ radiculopathy; right shoulder mild tendinosis and impingement syndrome. Provider noted patient doing well with acupuncture and treatment was continued with medications and back orthosis as needed. Report of 2/13/14 noted MRI of lumbar spine showed L4-5 annular tear/fissure with disc protrusion. EMG/NCS 2/14/14 of lower extremity showed chronic right S1 radiculopathy; Upper extremity showed mild bilateral CTS, mild bilateral ulnar neuropathy; chronic right C5 radiculopathy. Report of 7/17/14 from pain management provider noted the patient with ongoing chronic low back symptoms s/p medication and therapy trials. Exam showed positive Kemp's test on right with limited extension and facet tenderness on palpation. The request(s) for Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once was modified for right side at L4-5 only on 7/28/14. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks. The patient exhibits radicular symptoms to right lower extremity with associated numbness/ tingling consistent with clinical findings by multiple providers with confirmed MRI results of intervertebral disc disorder and lumbar radiculopathy specifically identified on EMG study. Additionally, submitted reports show no clear exam findings consistent with bilateral facet arthropathy nor is there extenuating circumstances to require blocks beyond the guidelines criteria. The Lumbar Facet Joint Block at the medial branch level L4-L5 bilaterally once is not medically necessary and appropriate.