

Case Number:	CM14-0129627		
Date Assigned:	08/18/2014	Date of Injury:	10/29/2004
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 and Rehabilitation and is licensed to practice in Ohio and Texas. 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 injured worker is a 44 year old male with a reported date of injury on 10/09/2004. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculopathy. The injured worker's past treatments included medications, trigger point injections, physical therapy, and other unspecified injections with unreported outcome. The injured worker's diagnostic testing included an MRI which showed some degeneration above the artificial disc replacement; however, it was noted it did appear to be fairly well and in place and the artificial disc did appear within normal limits. It was noted it was difficult to tell if there was any facet joint arthritis. A CT scan of the lumbar spine was performed on 05/05/2014 and revealed post-surgical changes and facer disease at L5-S1. The injured worker's pertinent surgical history included intradiscal electrothermal annuloplasty in 2004, and artificial disc replacement in 2007. The injured worker was evaluated on 02/20/2014 where he complained of increased low back, right buttock, and right leg pain. The clinician observed and reported multiple levels of facet joints and ligamentum flavum that were hypertrophied. The injured worker had decreased range of motion in the lumbar spine at 25 degrees of flexion and 20 degrees of extension. There was a positive straight leg raise on the right, decreased pin prick sensations to the lateral calf and foot, diminished patellar reflexes on the right when compared to the left, and hypersensitivity, as well as pain. The physician recommended a pain management consultation, continued medications and follow up in one month. The injured worker was seen on 03/18/2014 where he complained of average daily pain of 7/10 to lumbar spine and right abdomen, numbness and tingling to the right leg into the last three toes, and numbness to the genitals which started 6 months prior to the visit. He described a stabbing pain into the lumbar spine above the artificial disc replacement with leg pain, right greater than left, and increased weakness into the right leg with tripping. Range of motion did not appear to increase pain upon

flexion or extension and the injured worker was neurologically intact with the exception of decreased sensation on the right lateral calf and dorsum of the foot. The clinician's plan was to continue current therapy and consider epidural injection and CT scan if symptoms worsened. On 05/15/2014, the CT scan was reviewed and a lumbar facet injection at L5-S1 was recommended. The injured worker's medication included Voltaren gel 1% apply up to four times per day, Omeprazole 20mg, Skelaxin 800mg once daily, Lunesta 3 mg once daily at bedtime, Percocet 5/325 twice per day, and Tramadol 50 mg. The request was for Lumbar Facet Injections L5-S1 Bilaterally. No rationale was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injections L5-S1 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for Lumbar Facet Injections L5-S1 Bilaterally is not medically necessary. The injured worker was diagnosed with lumbar radiculopathy. On 03/18/2014, the clinician observed and reported that range of motion did not appear to increase pain upon flexion or extension. The California MTUS/ACOEM guidelines state that facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit. More specifically, the Official Disabilities Guidelines state no more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. No more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. No documentation of recent conservative care such as physical therapy or a home exercise plan was provided. The patient was diagnosed with radiculopathy and there was diminished sensation present to the right lateral calf and dorsum of the foot. There was no evidence of a formal plan of additional evidence-based activity and exercise was indicated in addition to facet joint injection therapy. Additionally, there is a lack of documentation of findings upon physical examination which are indicative of facetogenic pain to the requested level. Therefore, the request for Lumbar Facet Injections L5-S1 Bilaterally is not medically necessary.