MAXIMUS Federal Services

Case Number:	CM14-0131462		
Date Assigned:	08/20/2014	Date of Injury:	05/23/2011
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Illinois. 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 57 year old female who reported an injury on 05/23/2011. The mechanism of injury was a fall. The injured worker's diagnoses included status post bilateral knee arthroscopy, right lumbosacral radiculopathy, L4-5 degenerative anterolisthesis with stenosis, and right paracentral protrusion at L3-4. Her past treatments included surgery, medications, and physical therapy. The injured worker's diagnostic exams comprised of a radiograph which revealed grade 1 degenerative anterolisthesis. Also there was a MRI of the lumbar spine performed on 04/15/2014, which showed mild impingement on the exiting nerve root L4. Her surgical history accounted for a right knee arthroscopy on 03/2013 and a left knee arthroscopy on 03/2014. On 07/11/2014, the injured worker complained of back pain that radiated down into her right lower extremity. The physical exam discovered that she had difficulty walking and the reflexes were diminished to her right/left knee and ankle. The sensation was diminished to her right lateral calf. Also, her strength measured 4/5 bilaterally. Her medications were not clearly indicated in the clinical notes. The treatment plan consisted of bilateral facet joint injections of the L4-5. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 5 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint intra-articular injections

Decision rationale: The request for a right L4-5 facet block is not medically necessary. The ACOEM guidelines state that invasive techniques such as facet joint injections are of questionable merit. 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. Additionally, the Official Disability Guidelines recommend facet joint intra-articular injections based on the absence of radicular pain, spinal stenosis, or previous fusion. Also, no more than 2 joint levels may be blocked at 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. Indications of facet joint pain include tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; absence of radicular findings, although pain may radiate below the knee; and a normal straight leg raising exam. Based on the clinical notes the injured worker had complaints of radiating pain that is indicative of possible radiculopathy. Additionally, a MRI exam noted impingement of the L4 nerve root, which could be the cause of her radicular symptoms. This indication would not be supported by the guidelines as criteria for signs of facet joint pain. The clinical notes indicate that the injured worker did not have a normal sensory exam and there was an absence of tenderness to palpation over the facet joints. These findings would not be supported by the guidelines as facet joint pain signs and symptoms. The clinical notes failed to point out if the injured worker had a normal straight leg raise exam. The only item that would be supported by the guidelines is the request for facet injections into two joint levels, as more than two joint levels are not supported. Additionally, there is lack of documentation showing that the injured worker would be participating in an exercise program in alongside the facet joint injections. Therefore, due to lack of evidence indicating a normal straight leg raise; lack of documentation indicating an exercise program was initiated; indication of radicular symptoms; and the absence of tenderness to palpation over the facet joints, the request is not supported. Accordingly, the request for a right L4-5 facet block is not medically necessary.

Left L4 5 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint intra-articular injections

Decision rationale: The request for a left L4-5 facet block is not medically necessary. The ACOEM guidelines state that invasive techniques such as facet joint injections are of questionable merit. 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. Additionally, the Official Disability Guidelines recommend facet joint intra-articular injections based on the absence of radicular pain, spinal stenosis, or previous fusion. Also, no more than 2 joint levels may be blocked at 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. Indications of facet joint pain include tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; absence of radicular findings, although pain may radiate below the knee; and a normal straight leg raising exam. Based on the clinical notes the injured worker had complaints of radiating pain that is indicative of possible radiculopathy. Additionally, a MRI exam noted impingement of the L4 nerve root, which could be the cause of her radicular symptoms. This indication would not be supported by the guidelines as criteria for signs of facet joint pain. The clinical notes indicate that the injured worker did not have a normal sensory exam and there was an absence of tenderness to palpation over the facet joints. These findings would not be supported by the guidelines as facet joint pain signs and symptoms. The clinical notes failed to point out if the injured worker had a normal straight leg raise exam. The only item that would be supported by the guidelines is the request for facet injections into two joint levels, as more than two joint levels are not supported. Additionally, there is lack of documentation showing that the injured worker would be participating in an exercise program in alongside the facet joint injections. Therefore, due to lack of evidence indicating a normal straight leg raise; lack of documentation indicating an exercise program was initiated; indication of radicular symptoms; and the absence of tenderness to palpation over the facet joints, the request is not supported. Accordingly, the request for a left L4-5 facet block is not medically necessary.

Post epidural physical therapy to include core strengthening exercises and biofeedback (lumbar): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported and not medically necessary, the ancillary service is also not supported and is not medically necessary.