

Case Number:	CM14-0140971		
Date Assigned:	09/10/2014	Date of Injury:	09/26/2013
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30 year old male who reported an injury on 09/26/2013. The mechanism of injury was not indicated in the clinical notes. His diagnoses included lumbar spine facet disease and lumbar spine degenerative disc disease. His past treatments included 6 physical therapy visits, 6 chiropractic visits, medications, activity modifications, a home exercise program and a previous facet joint injection on 05/06/2014. The injured worker's diagnostic exams were not indicated in the clinical notes. His surgical history was not included in the clinical notes. On 08/06/2014, the injured worker complained of severe back and bilateral leg pain. He stated that his leg pain was increasing and that his leg pain comes and goes. His previous facet joint injections at L4-5 and L5-S1 provided him approximately 3-4 months of pain relief. The physical exam findings discovered spasms of the lumbar spine, painful and limited range of motion, positive leg raise at 60 degrees, tenderness to palpation over the facet joints, and pain with axial loading. His medications included Ultram 150mg and Anaprox DS. The treatment plan comprised of a repeat facet joint injection at L4-5 bi-laterally x1, the continuation of his home exercise program and the continuation of his medications. The requested treatment was for Lumbar facet blocks L4-5 bilaterally. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks l4-5 bilaterally, One Time: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic

Decision rationale: The request for lumbar facet blocks L4-5 bilaterally, times 1 is not medically necessary. 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. If a prior facet joint injection is successful then a subsequent injection may be warranted if there is an initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. The recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. 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 criteria that would be supported by the guidelines to permit a facet joint injection are, tenderness to palpation over the facet joints and the adjunct of a home exercise program with the use a facet joint injection. Also, the request for one joint level for the purpose of intra-articular injection is also supported. However, the report of a positive straight leg raise is not supported due to the suggestion of possible radicular etiology. Additionally, there is lack of documentation that numerically measured the injured worker's pain pre and post the initial facet joint injection. The statement that the "injections provided approximately 3-4 months of pain relief" is not supported. There must be quantitative evidence of at least 70% initial pain relief and 50% relief over 6 weeks to be reinforced by the guidelines. Hence, due to the evidence of a positive straight leg raise and the absence of quantitative evidence that showed at least 70% initial pain relief and 50% reprieve over 6 weeks after the initial facet joint injection, the request is not supported. Therefore, the request for lumbar facet blocks l4-5 bilaterally, times 1 is not medically necessary.