

Case Number:	CM14-0146037		
Date Assigned:	09/12/2014	Date of Injury:	07/20/2011
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Florida. 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 52-year-old female who reported an injury on 07/20/2011. The mechanism of injury was a fall. Diagnoses included lumbar discogenic disease. Past treatments included epidural steroid injection and medication. Surgical history included left L5-S1 discectomy. Diagnostic studies included an MRI of the lumbar spine on 04/15/2014 which revealed the L5-S1 disc appeared similar to the previous examination, increasing endplate edema at L5-S1, right foraminal encroachment at L5-S1, and broad based disc bulge at L4-5 with foraminal narrowing. The clinical note dated 08/13/2014 indicated the injured worker complained of low back pain radiating down the left lower extremity rated 5/10 to 6/10. Physical examination of the lumbar spine revealed decreased range of motion, positive bilateral straight leg raise, and decreased sensation in the right L3-5 dermatomes; decreased reflexes were noted on the right as compared to the left. Current medications included Soma 350 mg, cyclobenzaprine 5 mg, gabapentin 800 mg, Norco 5/325 mg, Ibuprofen 800 mg, Omeprazole 10 mg, and Trazodone 100 mg. The treatment plan included facet blocks at left L4-5 and L5-S1 followed by right L4-5 and L5-S1. The rationale for the request was pain relief. 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:

Facet blocks at Left first L4-L5 and L5-S1 followed by Right L4-L5 and L5-S1: Upheld

Claims Administrator 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The California MTUS/ACOEM Guidelines indicate that invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines further state that the criteria for use of a therapeutic facet joint blocks includes no more than 1 therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, 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 the facet joint injection therapy. Facet joint pain signs and symptoms include tenderness to palpation in the paravertebral areas over the facet region, a normal sensory exam, and normal straight leg raising exam. While the guidelines recommend a medial branch diagnostic block prior to facet neurotomy, the request indicates a therapeutic facet block. The clinical documentation provides evidence of radiculopathy including bilateral positive straight leg raise, decreased sensation, and decreased deep tendon reflexes in the bilateral lower extremities. There is a lack of clinical documentation to indicate significant findings indicative of facetogenic pain to the requested areas. Therefore, the request for Facet blocks at Left first L4-L5 and L5-S1 followed by Right L4-L5 and L5-S1 is not medically necessary.