

Case Number:	CM14-0147374		
Date Assigned:	09/15/2014	Date of Injury:	05/12/2006
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Medicine 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 is a 45-year-old female who reported an industrial injury to the back on 5/12/2006, over eight (8) years ago, attributed to the performance of her usual and customary job tasks reported as a strain to her neck, back, and UEs (upper extremities) due to repetitive motion. The patient has been treated with medications; physical therapy; a TENS unit; and acupuncture. The patient continued to complain of upper and low back complaints. The patient reported pain radiating down the left lower extremity with weakness into the left leg. The objective findings on examination demonstrated five minus strength of the quadriceps and left anterior tibialis with intact sensation and a positive SLR (straight leg raise). The treatment plan included a recommendation for facet joint injections to L3-L4 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4 Facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back chapter 12, page 300

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309; 174-175; 187, Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation ACOEM

Practice Guidelines, Chapter 12 Low Back Complaints (revised 4/7/08), page 187 Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the lumbar spine MMB or facet blocks to bilateral lumbar spine right L3-L4 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator 8 years after the DOI (date of injury). There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP (low back pain) that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested right lumbar spine L3-L4 medial branch block/facet blocks.

Left L3-L4 Facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Low Back, Chapter 12

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309; 174-175; 187, Chronic Pain Treatment Guidelines Injections Page(s): 54. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12 Low Back Complaints (revised 4/7/08), page 187 Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the lumbar spine MMB or facet blocks to bilateral lumbar spine left L3-L4 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is

the pain generator eight (8) years after the DOI (date of injury). There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP (low back pain) that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested left lumbar spine L3-L4 medial branch block/facet blocks.