

Case Number:	CM14-0166139		
Date Assigned:	10/13/2014	Date of Injury:	03/20/2005
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management 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:

The injured worker is a 67-year-old female who suffered industrial-related injuries on March 20, 2005. A magnetic resonance imaging (MRI) scan of the lumbar spine dated May 6, 2014 revealed annular bulging at L3-L4, L4-L5 and L5-S1 resulting in mild central stenosis at L3-L4, slightly greater than L4-L5 with right-sided predominance and mild to moderate foraminal narrowing at L5-S1 with disc space narrowing and moderate bilateral foraminal narrowing. There is a vestigial disc at S1-S2. An electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities dated July 24, 2012 revealed mild to moderate mixed axonal and demyelinating peripheral polyneuropathy affecting the bilateral lower extremities. Most recent evaluation on September 3, 2014 noted complaints of persisting low back pain and leg pain, left side greater than right. She was also diagnosed with peripheral neuropathy and has been troubled with numbness, tingling and weakness in the feet causing tripping and stumbling. She is treated medically for this. Her back is in excess of her leg pain and symptoms exclusive of her peripheral neuropathy. Lumbar spine exam findings showed no paraspinal muscle spasms and decreased lumbar ranges of motion in all planes. Straight leg raise test was positive on both sides. There was decreased sensation in the right radial 3 digits dorsal aspect, right distal leg in "stocking pattern" and left distal leg. Radiographs of the lumbar spine dated September 22, 2014 revealed narrowing of the L4-L5 and L5-S1 disc space.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Bilateral Facet Injections L4-5, L5-S1 and possibly L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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 diagnostic blocks (injections) Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks) Official Disability Guidelines (ODG) Pain, Facet blocks

Decision rationale: The Official Disability Guidelines lists the criteria for the use of therapeutic intra-articular facet joint injections as: no more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Additionally, the guidelines state that facet joint pain sign and symptoms should include: tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; absence of radicular findings; and normal straight leg raising test. The injured worker does not meet the criteria for use of therapeutic facet injections, as physical exam do not show facet joint pain, and there is clear evidence of radicular pain on objective exam and spinal stenosis as corroborated by imaging studies. Further, the request also includes the possibility of adding another spinal level L3-L4, which is against the criteria set forth by the guidelines. Therefore, it can be concluded that the medical necessity of (1) Bilateral Facet Injections L4-5, L5-S1 and possibly L3-4, is not medically necessary.