

Case Number:	CM14-0177640		
Date Assigned:	10/31/2014	Date of Injury:	02/21/2012
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 patient with a date of injury of 2/21/12. A utilization review determination dated 10/9/14 recommends non-certification of facet blocks. Lumbar ESI was certified. It referenced a 9/10/14 medical report identifying back and right leg pain with numbness on the lateral aspect of the leg and weakness. On exam, there is limited ROM, decreased sensation in the right lateral thigh and calf. Recommendations include ESI and facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 facet blocks Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 836, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG guidelines state that suggested

indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, the patient is noted to have findings suggestive of radiculopathy with an abnormal sensory examination and an epidural steroid injection was certified. Furthermore, there is, unfortunately, no provision for modification of the current request from facet injections to medial branch blocks, as recommended by the guidelines. In light of the above issues, the currently requested facet injections are not medically necessary.

L5-S1 facet blocks Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 836, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG guidelines state that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, the patient is noted to have findings suggestive of radiculopathy with an abnormal sensory examination and an epidural steroid injection was certified. Furthermore, there is, unfortunately, no provision for modification of the current request from facet injections to medial branch blocks, as recommended by the guidelines. In light of the above issues, the currently requested facet injections are not medically necessary.