

Case Number:	CM14-0179785		
Date Assigned:	11/04/2014	Date of Injury:	01/04/2008
Decision Date:	12/16/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 54-year-old male who sustained an injury on 1/4/08. As per the 8/26/14 report, he presented with constant low back pain radiating to the bilateral lower extremities (BLE) (bilateral gluteal region) rated at 6-7/10, and neck pain radiating into the right upper extremity (UE). L-spine MRI dated 9/18/12 revealed multilevel segmental stenosis throughout the canal most significant at L2-3, L3-4 and L4-5 with bilateral foraminal encroachment and lateral recess narrowing at these levels. Electromyography (EMG) and Nerve Conduction Study (NCS) study of BLE dated 7/13/12 showed evidence of S1 radiculopathy on the left. He recently underwent right lumbar medial branch nerve radiofrequency treatment and felt that the lumbar facet joint injections helped better than the lumbar medial branch nerve radiofrequency treatment. He is currently taking Tramadol which helps with his breakthrough pain. He had lumbar epidural steroidal injections (ESIs) previously on 5/1/13 and 7/13/13 with benefit. Most recently he had left-sided facet blocks on L3-L4, L4-L5 and L5-S1 on 8/5/14 which gave him significant relief and so he wishes to have right-sided facet blocks to minimize his lumbar facet pain. Diagnoses include chronic low back pain, chronic neck pain, right cervical radiculopathy, possibility of lumbar radiculopathy, myofascial pain, and lumbar facet joint pain. The request for Facet joint injection, right L3-L4, L4-L5, L5-S1, quantity 3 was denied on 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injection, right L3-L4, L4-L5, L5-S1, quantity 3,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14)

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 pain, lumbar facet injection

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a 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), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document spinal stenosis as well as lumbar radiculopathy. Furthermore, there is no documentation of prior physical therapy or a plan of rehabilitation. The criteria for facet joint injections are not met in this case. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.