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| Case Number: | CM14-0196767 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 05/14/2010 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 North Carolina. 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 patient is a 53-year-old with a reported date of injury of 05/14/2010. The patient has the diagnoses of lumbar spondylosis and post laminectomy syndrome. Past treatment modalities have include a trial of a SCS and lumbar fusion. Per the progress notes form the requesting physician dated 10/28/2014, the patient had complaints of low back pain, leg pain leg weakness and leg numbness. The physical exam noted bilateral positive straight leg raise test and restricted range of motion with pain in the lumbar spine. There was joint pain across the bilateral L4/5 and L5/S1 facet joints. There was numbness in the bilateral calves and feet and reduced strength at the knees/ankles bilaterally. The treatment plan recommendations included diagnostic bilateral L4/5 and L5/S1 lumbar facet blocks, gabapentin and continuation of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4/5, L5/S1 facet block x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epiduralsteroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.