

Case Number:	CM14-0213730		
Date Assigned:	12/31/2014	Date of Injury:	04/08/2009
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 April 8, 2009. A utilization review determination dated November 24, 2014 recommends noncertification of "one time facet injection with medial branch block at L4-L5." Noncertification was recommended due to documentation of occasional radicular pain. A progress report dated March 27, 2014 identifies subjective complaints of low back pain which radiates to the right leg including the foot and great toe. The patient also has numbness in the lateral aspect of the right foot. The note indicates that the patient has been treated with numerous modalities including medication, tens unit, and exercise. An MRI of the lumbar spine dated July 11, 2014 identifies a disc bulge/osteophyte at L5-S1 with mild left neural foraminal narrowing. There is also bilateral degenerative facet changes. A progress report a progress report dated November 6, 2014 identifies subjective complaints of ongoing low back pain that radiates to the buttocks and episodically to the leg. Physical examination reveals limited lumbar spine range of motion with increased pain upon extension of the lumbar spine. Diagnoses include lumbosacral sprain/strain and rule out facet syndrome. The treatment plan recommends a trial of facet injection with medial branch block done at L5-S1 and L4-L5 due to the overlapping of nerves. Consideration for radiofrequency ablation will be based upon the outcome of this injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a one-time facet injection with medial branch block (MMB) at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 states 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, there are no recent physical examination findings supporting a diagnosis of facet arthropathy specifically at the proposed levels. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. In light of the above issues, the currently requested facet injection is not medically necessary.