

Case Number:	CM14-0219199		
Date Assigned:	01/09/2015	Date of Injury:	09/01/2012
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 38 year old female, who sustained an industrial injury on September 1, 2012. She has reported an injury to the low back. The diagnoses have included moderate facet arthropathy at L3-4, L4-5 and L5-S1 and disc degeneration at L3-4 and L4-5 with mild disc height loss. Treatment to date has included pain medication, epidural injections, MRI of the lumbar spine, acupuncture therapy and chiropractic therapy. An MRI of the lumbar spine on 11/20/2013 revealed moderate facet arthropathy at L4-5 and L5-S1. Currently, the injured worker complains of continued low back pain with numbness in the thighs when sitting for prolonged periods of time. She rates her pain a 6-7 on a ten-point scale. On examination, the injured worker walks with a slow guarded gait. She was not able to walk on her heels due to pain. There was tenderness to palpation over the midline lumbar spine and over the paravertebral musculature. The evaluating physician recommended facet blocks in that the injured worker had failed to improve with time, lifestyle modifications, acupuncture and chiropractic therapy. On December 18, 2014 Utilization Review non-certified a request for facet blocks of L3-4 and L4-5 noting that there as evidence of radicular symptoms in the lower extremities and there was a lack of objective findings documented suggestive of facet joint pathology. The ACOEM Guidelines and the Official Disability Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of facet blocks of L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS L3-4 AND L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, facet injections

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for FACET BLOCKS AT L3-L4 and L4-L5. The treater requested facet block to identify the pain generator. ACOEM Guidelines does not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines, Low Back Chapter under facet injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful pain relief of at least 50% for the 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." ODG guidelines also do not support facet evaluations or injections at the levels that are fused. ODG does not support facet evaluation if radiculopathy is present or if sensory examination is positive. In this case, the patient presents with radicular symptoms and decreased sensation affecting the lower extremities in L4 and L5 distribution. ODG guidelines does not support facet blocks when radicular symptoms or sensory changes are present. The requested facet block IS NOT medically necessary.