

Case Number:	CM15-0122318		
Date Assigned:	07/06/2015	Date of Injury:	02/24/2012
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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 48 year old female who sustained an industrial injury on 2/24/12. Diagnoses are lumbar facet arthritis, left sacroiliac joint arthritis, lumbar radiculopathy. In a progress report dated 6/8/15, a treating physician notes she complains of low back pain with occasional left leg radiation, severe numbness and tingling of left great toe and weakness of the left leg. A lumbar MRI done 2/24/12 reveals L1-2, L2-3, L3-4 facet arthritis and L4-5 facet arthritis and mild foraminal stenosis. A lumbar MRI done 7/3/14 reveals T-11-12 protrusion with minimal flattening of cord without signal change, L1-2, L2-3, L3-4 facet arthropathy, L4-5 bulge and protrusion facet arthropathy, mild left foraminal, mod right eccentric central (6 mm) stenosis, thickened right ligamentum contacting and displacing cauda equine nerve roots. There is decreased sensation to light touch of the left great toe. Back pain is worsened with extension and rotation as well as palpation of the L4-5 and L5-S1 facet levels. Patrick's and Faber's are positive on the left. Work status is noted as disability retirement and she has been deemed permanent and stationary. Previous treatment noted includes a weight loss program, lumbar facet injections (1/25/15) with great relief of pain for 5 months, left hip injection (10/8/14) with great relief for 6 months, medications, status post left hip arthroscopy, aquatic therapy, physical therapy, and a surgical consult for the left hip. The requested treatment is a right L4-L5 facet injection, left L4-L5 facet injection, right L5-S1 facet injection, and left L5-S1 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Facet Injection Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under Facet Joint Medial Branch blocks - Therapeutic.

Decision rationale: The patient presents on 06/08/15 with lower back pain which occasionally radiates into the left lower extremity, with severe numbness, weakness and tingling in the left lower extremity. The patient's date of injury is 02/24/12. Patient is status post lumbar facet injections at L4-5 and L5-S1 levels bilaterally on 01/28/15. The request is for right L4-5 facet injections qty 1. The RFA is dated 06/09/15. Physical examination dated 06/08/15 reveals decreased sensation to light touch in the left greater toe, tenderness to palpation of the lumbar spine at L4-5 and L5-S1 levels, positive FABER test, and positive Patrick's test. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/03/14, significant findings include: "T11-12 disc protrusion with minimal flattening of the cord... L1-2, L2-3, and L3-4 facet arthropathy... L4-5 bulge and diffuse disc protrusion with facet arthropathy, mild left foraminal, and moderate right eccentric central 6mm stenosis... thickened right ligamentum flavum contacting and displacing the caudal equine nerve roots." Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." In regard to the request for a repeat lumbar facet joint block at L4-5, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 01/28/15. Progress note dated 06/08/15 requests a repeat block as this patient reported a significant reduction in pain lasting 5 months. It appears that the requesting provider intends on performing another facet block as a therapeutic measure. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request is not medically necessary.

Left L4-5 Facet Injection Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under Facet Joint Medial Branch blocks - Therapeutic.

Decision rationale: The patient presents on 06/08/15 with lower back pain, which occasionally radiates into the left lower extremity, with severe numbness, weakness and tingling in the left lower extremity. The patient's date of injury is 02/24/12. Patient is status post lumbar facet

injections at L4-5 and L5-S1 levels bilaterally on 01/28/15. The request is for left L4-5 facet injection qty 1. The RFA is dated 06/09/15. Physical examination dated 06/08/15 reveals decreased sensation to light touch in the left greater toe, tenderness to palpation of the lumbar spine at L4-5 and L5-S1 levels, positive FABER test, and positive Patrick's test. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/03/14, significant findings include: "T11-12 disc protrusion with minimal flattening of the cord... L1-2, L2-3, and L3-4 facet arthropathy... L4-5 bulge and diffuse disc protrusion with facet arthropathy, mild left foraminal, and moderate right eccentric central 6mm stenosis... thickened right ligamentum flavum contacting and displacing the caudal equine nerve roots." Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." In regard to the request for a repeat lumbar facet joint block at L4-5, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 01/28/15. Progress note dated 06/08/15 requests a repeat block as this patient reported a significant reduction in pain lasting 5 months. It appears that the requesting provider intends on performing another facet block as a therapeutic measure. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request is not medically necessary.

Right L5-S1 Facet Injection Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under Facet Joint Medial Branch blocks - Therapeutic.

Decision rationale: The patient presents on 06/08/15 with lower back pain, which occasionally radiates into the left lower extremity, with severe numbness, weakness and tingling in the left lower extremity. The patient's date of injury is 02/24/12. Patient is status post lumbar facet injections at L4-5 and L5-S1 levels bilaterally on 01/28/15. The request is for right L5-S1 facet injection qty 1. The RFA is dated 06/09/15. Physical examination dated 06/08/15 reveals decreased sensation to light touch in the left greater toe, tenderness to palpation of the lumbar spine at L4-5 and L5-S1 levels, positive FABER test, and positive Patrick's test. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/03/14, significant findings include: "T11-12 disc protrusion with minimal flattening of the cord... L1-2, L2-3, and L3-4 facet arthropathy... L4-5 bulge and diffuse disc protrusion with facet arthropathy, mild left foraminal, and moderate right eccentric central 6mm stenosis... thickened right ligamentum flavum contacting and displacing the caudal equine nerve roots." Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." In regard to the request for a repeat lumbar facet joint block at L5-S1, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 01/28/15. Progress note dated

06/08/15 requests a repeat block as this patient reported a significant reduction in pain lasting 5 months. It appears that the requesting provider intends on performing another facet block as a therapeutic measure. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request is not medically necessary.

Left L5-S1 Facet Injection Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, under Facet Joint Medial Branch blocks - Therapeutic.

Decision rationale: The patient presents on 06/08/15 with lower back pain, which occasionally radiates into the left lower extremity, with severe numbness, weakness and tingling in the left lower extremity. The patient's date of injury is 02/24/12. Patient is status post lumbar facet injections at L4-5 and L5-S1 levels bilaterally on 01/28/15. The request is for left L5-S1 facet injection qty 1. The RFA is dated 06/09/15. Physical examination dated 06/08/15 reveals decreased sensation to light touch in the left greater toe, tenderness to palpation of the lumbar spine at L4-5 and L5-S1 levels, positive FABER test, and positive Patrick's test. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/03/14, significant findings include: "T11-12 disc protrusion with minimal flattening of the cord... L1-2, L2-3, and L3-4 facet arthropathy... L4-5 bulge and diffuse disc protrusion with facet arthropathy, mild left foraminal, and moderate right eccentric central 6mm stenosis... thickened right ligamentum flavum contacting and displacing the caudal equine nerve roots." Patient's current work status is not provided. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." In regard to the request for a repeat lumbar facet joint block at L5-S1, guidelines do not support such injections as a therapeutic measure. Progress notes indicate that this patient underwent a diagnostic lumbar facet block at the same levels on 01/28/15. Progress note dated 06/08/15 requests a repeat block as this patient reported a significant reduction in pain lasting 5 months. It appears that the requesting provider intends on performing another facet block as a therapeutic measure. ODG does not support such injections except as a diagnostic measure prior to facet joint rhizotomy and specifically recommends against facet blocks as a therapeutic measure. Therefore, the request is not medically necessary.