

Case Number:	CM13-0055551		
Date Assigned:	12/30/2013	Date of Injury:	09/27/1995
Decision Date:	09/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

Patient is a 55-year-old female who sustained an injury on 9/27/95. Report dated 09/05/13 states the patient presents for a pump refill. Patient continued to have low back, left buttock/leg pain. The right buttock and leg pain continued to be well controlled with the stimulator. Norco gives her 50-60% pain relief lasting 4-5 hours. The low back pain was more frequent; left hip and leg remained the same. Patient continued to see the therapist for depression, anxiety and posttraumatic stress disorder (PTSD). Examination of the lumbar spine revealed continued seated root test that was positive at 45 degrees on the left re-creating the left leg pain (unchanged). Flexion: 90 degrees with tenderness, Extension: 15 degrees with tenderness, Right rotation: 60 degrees with tenderness, Left rotation: 50 degrees with tenderness. Palpation: tenderness over lumbar facet joints bilaterally. Motor system examination revealed full motor power, intact with manual testing of the bilateral legs, dermatomes L3-S1. Gait continued to be favoring the left leg. Diagnoses: Lumbar radiculitis radiculopathy - 724.4 (Primary), DDD, Lumbar, Int Disc, Lumbosacral - 722.52, Low back pain - 724.2 and Post-Laminectomy syndrome, lumbar - 722.83. Plan: Lumbar radiculitis radiculopathy: Increase Baclofen tablet, 10 mg, 1, orally, q 8--12 prn spasms, 30 day (s), 90, Refills 2 ; Increase Lyrica capsule, 75 mg, 1 cap(s), orally, q6h, 30 day(s), 120, Refills 2 ; Continue Norco tablet, 7.5/325, 1~2, orally, TID, 30 days, Refills 3. She is having increased lower back pain. Medtronic pump analysis, reprogramming, and refill today Dilaudid 30mg/ml with changes to daily dose by 5%. Request authorization for bilateral facet joint injections with sedation at L4-5. If no relief with facet joint injections consider CT with myelogram of lumbar spine. She continues management with psychiatry. She denies SI/HI. She consulted with the treating physician since her last visit for ongoing low back: pain clue to surgical screw impinging on L4-5 disc space. Patient had low back pain with radicular symptoms. Patient's range of motion (ROM) was limited by pain. Patient was positive for

straight leg raise (SLR) on the left with tenderness to palpation (TIP) along the lumbar facet joints bilaterally. This is a review for the medical necessity of bilateral lumbar facet joint injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTIONS: 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) Low Back Chapter ODG states that intra-articular facet blocks 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. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. (Dreyfuss, 2003) (Nelemans-Cochrane, 2000) (Carette, 1991) (Nelemans, 2001) (Slipman, 2003) (van Tulder, 2006) (Colorado, 2001) (ICSI, 2004) (Bogduk, 2005) (Resnick, 2005) (Airaksinen, 2006) An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-Cochrane, 2009) Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (includ

Decision rationale: Guidelines do not support administration of facet joint injections when radicular symptoms are present. The medical documentation provided contain conflicting information. Namely, Review of Systems Paragraph for neurology states "tingling numbness yes." However, the localization of numbness is not described. The previous review stated that the patient had a positive straight leg raise test, which is not mentioned in the medical reports provided. The progress report dated 09/05/13 only mentions sitting root test positive at 45 degrees, which is indicative of sciatic nerve irritation. There are no x-ray or MRI findings speaking for or against the diagnosis or radiculopathy. The patient consulted with the treating physician since her last visit for ongoing low back pain due to surgical screw impinging on L4-5 disk space. Lastly the primary diagnosis of the patient is clearly listed as lumbar radiculitis and radiculopathy. Apparently there are surgical screws impinging on the L4-5 disk space, indicating prior fusion. The doctor has requested bilateral facet injections at L3-4 and L4-5. The guidelines do not recommend facet blocks in patient's who have had a previous fusion procedure at the planned injection level. Therefore, the guideline requirements are not met and the recommendation is to not medically necessary.