

Case Number:	CM13-0019353		
Date Assigned:	10/11/2013	Date of Injury:	09/16/2011
Decision Date:	09/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 and is licensed to practice in Texas. 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 medical records reflect the claimant sustained a work related injury on 9-16-10. On this date, he was carrying and putting on his tactical vest which weighs about 50 lbs and he developed neck, thoracic, low back and left buttock pain. The claimant has been treated with medications, physical therapy and acupuncture. He has a past history of an artificial disc replacement. The claimant is being maintained on medications. His MRI of the thoracic spine showed a 3 mm degenerative protrusion at T6-7, T9-10 disc bulge with multilevel thoracic facet arthropathy contributing to T5-8 facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL T5-T8 LIDOCAINE AND STEROID FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter - diagnostic facet blocks.

Decision rationale: The medical records reflect a claimant with complaints of neck, mid and low back pain who has been treated conservatively with medications, physical therapy and

acupuncture. There has been a request for T5-8 bilateral Lidocaine and steroid injections. The current evidence based medicine reflects that facet injections are of questionable merit. There is limited evidence that these injections are beneficial in the current literature. This claimant has a degenerative process with some radicular features and it is unlikely that facet blocks are going to be an effective form of treatment. Therefore, uphold the not medically necessary.