MAXIMUS Federal Services

Case Number:	CM13-0042306		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2011
Decision Date:	05/23/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, 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:

The injured worker is a 47-year-old male who reported an injury on 11/20/2011. The mechanism of injury was not provided. Current diagnoses include displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, occipital neuralgia, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis, lumbar facet joint syndrome, headaches and insomnia. The injured worker was evaluated on 10/16/2013. The injured worker reported persistent head, hand, neck and lower back pain. The injured worker has been previously treated with rest, heat and cold therapy, physical therapy, acupuncture and a cervical pillow. It was noted that the injured worker underwent a lumbar epidural steroid injection on 10/07/2013 with significant relief of symptoms. Physical examination of the lumbar spine revealed positive Valsalva and Kemp's testing, positive sciatic tension testing, positive straight leg raise bilaterally, tenderness to palpation of the facet joints bilaterally at L4-5 and L5-S1, limited range of motion and intact sensation. Treatment recommendations included a lumbar facet joint block at 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:

LUMBAR FACET JOINT BLOCK BILATERAL L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker does demonstrate positive facet joint tenderness. The injured worker has received conservative treatment, including rest, hot and cold therapy, physical therapy and acupuncture. However, the injured worker does maintain a diagnosis of lumbosacral radiculitis. The injured worker does report constant lower back pain with radiation to the bilateral lower extremities. The injured worker also reported an improvement in symptoms following a diagnostic lumbar epidural steroid injection. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.