MAXIMUS Federal Services

Case Number:	CM13-0047289		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2001
Decision Date:	02/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and 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 physician 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 patient is a 57-year-old female who reported an injury on 02/19/2001. The patient is currently diagnosed with cervical sprain and strain, cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The patient was seen by [redacted] on 09/24/2013. The patient reported ongoing neck pain, as well as low back pain radiating to the bilateral lower extremities with weakness, numbness, and tingling. It is noted the patient underwent bilateral L4-5 and L5-S1 facet injections on 08/23/2013. Current physical examination revealed decreased normal lordosis, moderate tenderness to palpation with spasm over the cervical paraspinous muscles, positive axial head compression and Spurling's maneuver, limited lumbar range of motion, moderate to severe facet tenderness along the L4-S1 levels, positive straight leg raise bilaterally, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included authorization for bilateral L4-S1 facet joint rhizotomies, as well as a hot and cold unit following the rhizotomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-31.

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 Blocks.

Decision rationale: California MTUS/ACOEM practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain signs and symptoms. Facet injections are limited to be patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the clinical documentation submitted, the patient previously underwent L4-5 and L5-S1 facet injections on 08/23/2013. Although it is stated the patient received more than 80% pain relief for 2 to 3 weeks, there is no documentation of objective measurable improvement. There is also no indication that this patient has failed to respond to previous conservative treatment including home exercise, physical therapy, and NSAIDs. There were no imaging studies provided for review. Based on the clinical information received, the request is non-certified.

Hot/Cold Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Packs.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. As per the clinical documentation submitted, a hot and cold unit was requested in conjunction with a facet rhizotomy. Without authorization of the requested procedure, the current request cannot be determined as medically appropriate. Additionally, there is no indication that this patient has failed to respond to more traditional at-home applications of heat and cold packs. Based on the clinical information received, the request is non-certified..