

Case Number:	CM13-0050683		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2001
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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 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 66-year-old female who reported a work related injury on 07/31/2001, specific mechanism of injury not stated. The patient has a prior history of a laminectomy/fusion at the L3-S1. The clinical note dated 09/17/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient continues to report ongoing daily and continuous mid to low back pain. The provider reported the patient utilizes Ultram, Lidoderm patch, fentanyl patch, Cymbalta, lorazepam, Celebrex, Voltaren gel, Percocet 10/325 mg, Diovan, glipizide, hydrochlorothiazide, Lantus, and Adalat. The provider reviewed imaging of the patient's thoracic/lumbar spine which revealed the patient is fused from the T10 through the S1 levels. The provider reported the patient presented in a seated walker and ambulates with a severely antalgic and forward flexed gait pattern. The provider documented the patient appears to be a candidate for facet blocks at the T8-T10 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for facet blocks at T8-T10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates invasive techniques such as local injections of facet joint injections of cortisone and lidocaine are of questionable merit. Additionally, Official Disability Guidelines indicate facet injections are not supported at previous fusion at the targeted level. In addition, the most recent clinical documentation submitted for the current request does not evidence the patient presents with facet mediated pain. This patient is status post a work related injury of over 12 years. It is unclear if the patient has previously utilized injection therapy and the efficacy of treatment. In addition, the clinical notes fail to document the patient has utilized recent active treatment modalities for her pain complaints about the lumbar spine. Given all of the above, the request for facet blocks at T8-T10 is not medically necessary or appropriate.