

Case Number:	CM13-0054818		
Date Assigned:	02/03/2014	Date of Injury:	10/27/2003
Decision Date:	06/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 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:

This 50-year-old patient sustained an injury on 10/27/03 while employed by [REDACTED]. The request under consideration includes lumbar facet injection bilateral L4-L5 and L5-S1. A report on 10/23/13 from the provider noted the patient was complaints of pain and spasticity in the neck, arms, hands, right shoulder, legs, knees, right hip, and low back. Pain averages 7/10 when worse at 9/10; made better with heat, medication, and ice associated with muscle weakness, joint pain, and back pain with numbness and tingling. The exam showed pain on palpation over cervical facets C3-6 and lumbar facets L4-S1, bilaterally; pain worsened with hyperextension. The diagnoses include chronic pain syndrome; cervical spinal stenosis/ radiculopathy; cervicgia; right shoulder pain; low back and lumbar pain; knee pain; thoracic and lumbosacral neuritis/ radiculitis/ intervertebral disc displacement without myelopathy; anxiety; insomnia; and chronic depression. MRI (magnetic resonance imaging) of the lumbar spine dated 3/21/13 (no objective interpretation) noted disc desiccation at L4-5, sacralized L5 level, and some facet arthropathy at L3-5. The request for lumbar facet injection was non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTION BILATERAL L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, 412-418.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pgs. 412-418.

Decision rationale: Per Official Disability Guidelines (ODG), facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI (magnetic resonance imaging) results. Submitted reports have not demonstrated support outside guidelines criteria. Thus, the request for lumbar facet injection bilateral L4-L5 and L5-S1 is not medically necessary and appropriate.