MAXIMUS Federal Services

Case Number:	CM13-0057001		
Date Assigned:	01/10/2014	Date of Injury:	09/24/2012
Decision Date:	07/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The injured worker is a 58-year-old male who reported an injury on 09/24/2012. He was reportedly pulling when cleaning and felt a sudden stabbing pull across his back bringing him to his knees. On 10/23/2013 the injured worker presented with improved pain due to physical therapy. Prior therapy included at least 18 visits of physical therapy and medications. Upon examination, the injured worker had pain in his lower back radiating across the upper lumbar area and pain going down his bilateral legs and reported pain across his mid back. He also had a positive straight leg raise bilaterally. There were decreased reflexes in the lower extremities and bilateral knees and ankles and decreased sensation to pinprick and light touch in the L5 nerve distribution bilaterally. There is also weakness in the legs and his abductor hallucis longus. The diagnoses were lumbar disc disease L2-3 and L3-4, chronic discogenic pain at L4-5 and L5-S1, and hypertrophic facet disease. The provider recommended a bilateral facet block from L2-3, L3-4 and L4-5 under fluoroscopy and if the injured worker has good relief then a thermal ablation may be something that is considered. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Blocks L2-L3, L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS Guidelines state diagnostic and/or therapeutic injections may have benefitted an injured worker presenting in the transitional phase between acute and chronic pain. The California MTUS and ACOEM Guidelines further state that criteria for use of diagnostic blocks is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels injected in 1 session, and failure of conservative treatment to include home exercise, Physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. The provider noted lumbar spine tenderness; however, it was not specific or the L2-3, L3-4, and L4-5 region. There was also evidence of radiculopathy in the form of a positive straight leg bilaterally. The provider's request for a facet block of L2-3, L3-4, and L4-5 exceed the guideline recommendation of no more than 2 facet joint levels to be injected in one session. As such, Bilateral Facet Blocks L2-L3, L3-L4, L4-L5 under fluoroscopy, is not medically necessary.