

Case Number:	CM13-0062714		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2006
Decision Date:	04/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 02/08/2006. The mechanism of injury was noted to be an automobile collision. The examination dated 11/15/2013 revealed that the patient had palpable tenderness over the right sacroiliac joint. The patient's sensory examination revealed they were intact in the bilateral lower extremities. The patient's motor strength was noted to be 5/5 bilateral. The straight leg raise was negative bilaterally at 90 degrees. The patient's diagnoses were noted to include posterior pseudarthrosis L4-S1, status post L4-5 anterior lumbar interbody fusion, status post L4-5 and L5-S1 microdiscectomy, L3-4 degenerative disc disease/grade 1 spondylolisthesis, right hip degenerative joint disease, L3-4 bilateral mild lateral recess stenosis, and intermittent bilateral L3 radiculopathy. A request was made for facet injections at L3-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral diagnostic facet blocks at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC: ODG Treatment; Integrated Final Determination Letter for IMR Case Number [REDACTED] Treatment/Disability Duration Guidelines, Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain, which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. It is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the patient had facet-mediated pain. However, there was a lack of documentation indicating a necessity for more than 2 levels of injectate. The request as submitted was for 3 levels. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for bilateral diagnostic facet blocks at L3-4, L4-5, and L5-S1 is not medically necessary.