

Case Number:	CM13-0066752		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2012
Decision Date:	04/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 patient is a 47-year-old male who reported an injury on 12/13/2012. The mechanism of injury was noted to be a fall. The patient is diagnosed with painful lumbar facet syndrome and possible hip joint injury and labral tear bilaterally. The patient's symptoms were noted to include low back pain, mid back pain, posterior and anterior hip pain, and bilateral foot numbness. The patient's physical examination findings include pain with palpation of the L4-5 and L5-S1 levels, pain to palpation over the sacroiliac joints, and tenderness to palpation of the anterior hips bilaterally. His treatment plan was noted to include facet medial branch blocks in order to accurately diagnose the level of symptomatic facets, identify if facets are pain generators, and provide pain relief; as well as an MRI of the bilateral hips due to the patient's anterior hip joint pain and positive impingement tests on physical exam, and pain with external and internal rotation of the hip joints upon further evaluation. It further states that as the patient was noted to have performed the "splits" at the time of the injury, a labral tear needs to be ruled out.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET MEDIAL BRANCH BLOCKS BILATERAL L3-S1: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks

Decision rationale: According to ACOEM Guidelines, invasive procedures such as facet joints injections are of questionable merit; however, many pain physicians believe that injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. As the patient was shown to have chronic pain related to his injury on 12/13/2012, the Official Disability Guidelines were referenced. The ODG states that facet joint diagnostic blocks may be recommended for patients with a clinical presentation consistent with facet joint pain, specified as tenderness to palpation over the facet joints, a normal sensory examination, and negative straight leg raising. Additionally, the Guidelines state that documentation needs to show the failure of conservative treatment including home exercise, physical therapy, and NSAIDs for at least 4 to 6 weeks prior to the procedure and no more than 2 facet joint levels are recommended to be injected in 1 session. The clinical information submitted for review indicates that the patient had pain to palpation at the L4-5 and L5-S1 levels upon physical examination. Additionally, he was not shown to have any evidence of radiculopathy on physical exam. However, the ODG does not support facet joint injections at more than 2 joint levels. Therefore, the request for lumbar facet medial branch blocks bilateral L3-S1 is not supported. As such, the request is non-certified.

MRI BILATERAL HIPS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & pelvis, MRI (magnetic resonance imaging)

Decision rationale: According to the Official Disability Guidelines, an MRI of the hips may be recommended for patients with osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fractures; acute and chronic soft tissue injuries, or for suspected tumors. The Guidelines further specify that an MRI is not recommended for suspected labral tears, as MR arthrography should be used. The clinical information submitted for review indicates that the patient complained of bilateral hip pain and his physical examination revealed positive impingement and pain with range of motion of the hip joints; therefore, the treating provider indicated that labral tears needed to be ruled out. As the ODG does not support MRI for labral tears, the request is not supported. As such, the request for MRI bilateral hips is non-certified.