

Case Number:	CM13-0068632		
Date Assigned:	01/03/2014	Date of Injury:	06/03/2009
Decision Date:	06/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Management 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 patient has submitted a claim for Cervical Radiculopathy, Cervical Facet Arthropathy, Lumbar Radiculopathy, Left Lateral Epicondylitis, and Left Cubital Tunnel Syndrome, associated with an industrial injury date of June 3, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain radiating to the left upper extremity, and low back pain radiating to the left lower extremity. On physical examination, there was tenderness of the C4-7 and L4-S1 levels. Range of motion of the lumbar spine was limited. Motor and sensory exam revealed "no change." Treatment to date has included medications, home exercise program, cervical epidural steroid injection, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Facet Joint Intraarticular Injections (Therapeutic Blocks).

Decision rationale: CA MTUS does not specifically address facet joint injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that facet joint intraarticular injections are under study and that no more than one block is recommended. Criteria for use of therapeutic intraarticular blocks include no evidence of radicular pain, spinal stenosis, or previous fusion; no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, the patient was diagnosed to have lumbar radiculopathy supported by findings of radicular pain. Furthermore, the present request failed to indicate the levels to be blocked. In addition, there was no discussion regarding plans for additional evidence-based therapy aside from facet blocks. Criteria have not been met. Therefore, the request for Lumbar Facet Block Injection is not medically necessary and appropriate.