

Case Number:	CM13-0068758		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2012
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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 62-year-old female who reported an injury on 10/11/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with bilateral lumbar facet joint pain, lumbar facet joint arthropathy, left shoulder pain, left foraminal disc protrusion, right lateral disc protrusion, and nonindustrial hypertension. The patient was seen by [REDACTED] on 09/27/2013. The patient reported bilateral lower back pain with activity limitation. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles, decreased range of motion, positive pelvic rock testing bilaterally, 5/5 motor strength in bilateral lower extremities, and an antalgic gait. Treatment recommendations included a fluoroscopically guided diagnostic bilateral L4-5 and L5-S1 facet joint medial branch block, as well as continuation of diclofenac sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Bilateral L4-5 and L5-S1 Facet Joint Medial Branch Block: 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), Web, Low Back Facet

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 Chapter, Facet Joint Diagnostic Blocks

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, there is no evidence of a recent failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There is no documentation of facet mediated pain upon physical examination. There is no mention of a planned facet neurotomy following the diagnostic blocks. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

Diclofenac Sodium 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 66-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.