

Case Number:	CM14-0003811		
Date Assigned:	02/03/2014	Date of Injury:	03/09/2011
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 injured worker is a 53-year-old female who reported an injury on 03/09/2011. The mechanism of injury was reported as a twisted ankle and back while mopping. Per the MRI (magnetic resonance imaging) dated 12/20/2012, the injured worker had disc desiccation and early spondylotic changes throughout the lumbar spine. There was diffuse disc protrusion with effacement of the thecal sac at L1-L2, L23-L4, and L4-L5. L2-L3 showed left eccentric disc extrusion with superior extension effacing the thecal sac, and L5-S1 showed disc protrusion without effacement of the thecal sac. Per the clinical note dated 08/08/2013, the injured worker reported a severe decrease in functionality of daily living activities, and is experiencing numbness and tingling in bilateral hands. The injured worker underwent an electromyogram/nerve conduction study on 11/28/2011 which showed decreased amplitudes of the bilateral posterior tibial H-reflexes, suggestive of bilateral S1 sensory nerve dysfunction. The remainder of the study reported normal electromyography (EMG) study of all muscles tested. Per the clinical note dated 10/29/2013, the injured worker reported severe back pain with radiation to the right lower extremity. Per the extensive clinical note dated 12/17/2013, the injured worker reported continuing low back pain with recent addition of neck pain. The neck pain is reported to present difficulties with personal hygiene and bowel/bladder dysfunction. On physical exam the injured worker's sensory touch was intact bilaterally with decreased range of motion. The injured worker had a negative Hoffman's test and negative straight leg raise bilaterally. The request for authorization for medical treatment was dated 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS L3 - S1, WITH POSSIBLE, SI JOINT BLOCKS WITH ARTHROGRAPHY WITH RADIOFREQUENCY ABLATION, IF DIAGNOSTIC:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, DIAGNOSTIC FACET BLOCKS AND ALSO SI JOINT INJECTIONS.

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

Decision rationale: Per the MTUS/ACOEM Guidelines state that invasive techniques to include facet joint injections are of questionable merit. Per the Official Disability Guidelines (ODG), facet joint medial branch blocks are not recommended except as a diagnostic tool. Facet joint blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The ODG states that sacroiliac (SI) joint injections are recommended in injured workers with 3 physical exam findings consistent with SI joint dysfunction. Per the clinical documentation radiculopathy was noted related to the leg pain. The ODG also states there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. There should be documentation of failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks. Per the clinical documentation, the injured worker is using pain medications but is not currently participating in any other therapies. There is a lack of documentation regarding physical therapy or a home exercise regime. Additionally, the guidelines state no more than 2 facet joint levels are injected in one session. The request is for 3 levels. Furthermore, the injured worker had tenderness to the SI joint, but there was a lack of 3 positive physical examination tests to support the need for an injection. Therefore, the request for the facet blocks L3-L4, L4-L5 and L5-S1 with possible SI joint blocks with arthrogram with radiofrequency ablation is non-certified.