MAXIMUS Federal Services

Case Number:	CM14-0010252		
Date Assigned:	02/21/2014	Date of Injury:	05/06/2013
Decision Date:	06/13/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 injured worker is a 22 year old male who reported an injury on 05/26/2013, due to a pulling injury. The clinical note dated 12/03/2013 presented the injured worker with right sided shoulder pain, right sided chest pain, and low back pain. The injured worker's physocal exam of the right shoudler revealed range of motion values of 130 degress of flexion, 45 degrees of extension, 135 degrees of abduction, 30 degrees of adduction, 60 degrees of external rotaiton, and 60 degrees of internal rotation. Impingement sign was positive in the positive Neer and Hawkin's positions. The lumbar spine range of motion revealed 30 degrees of flexion, 10 degrees of extension, 15 degrees of right lateral bending, and 10 degrees of left lateral bending, and a positive straight leg raise. The injured worker was diagnosed with right shoulder sprain/strain rule out rotator cuff tendonitis, right shoulder adhesive capsulitis, right shoulder girdle/chest myofacial pain, thoracic sprain/strain, lumbosacroiliac sprain/strain, left sacroiliac joint dysfunction associaed with pelvic obliquity, and chronic pain syndrome. The provider recommended a lumbar facet block at left L-4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCKS AT LEFT L4-5, L5-S1 AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), Facet Block Section.

Decision rationale: The request for Lumbar Facet block at left L4-S1 is non-certified. The ACOEM guidelines state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines (ODG) recommend that the clinical presentation should be consistent with facet joint pain signs & symptoms. The guidelines note facet injections are limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, PT and NSAIDs, and no more than 2 joint levels should be injected in one session. The included medical documents have no mention of failed conservative treatment. The injured worker had a positive straight leg raise. There was a lack of documentation indicating facetogenic pain and there was a lack of documentation of a negative neurologic exam. Therefore, the request is not medically necessary or appropriate.