

Case Number:	CM14-0011619		
Date Assigned:	02/21/2014	Date of Injury:	07/31/2013
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/29/2014

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 Acupuncture and Pain Medicine 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 claimant is a 33-year-old female injured worker with date of injury 7/31/13 with related pain in the bilateral legs with numbness and weakness. She reports numbness in her legs, which affects her gait. Per 11/7/13 progress report, there was a moderate amount of tenderness to palpation of the midthoracic spine at T4-T5 level over the spinous processes. She has sensation to light touch in the bilateral lower extremities intact. Her deep tendon reflex (DTR)'s in bilateral lower extremities is 2+/4, symmetric. Strength in the bilateral lower extremities is 5/5. Straight leg raising (SLR) is negative bilaterally. There is a mild amount of pain with palpation at the L2-4 levels. MRI of the lumbar spine dated 1/7/14 revealed L4-L5 and L5-S1 facet arthropathy. MRI of the thoracic spine dated 9/6/13 revealed T6-T7 protrusion that contacts ventral aspect of cord; T8-T9 protrusion that contacts ventral aspect of cord; T9-T10 protrusion that contacts ventral aspect of cord. She has been treated with physical therapy (beneficial), acupuncture (no benefit), and medication management. The date of UR decision was 1/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 AND L5-S1 FACET INJECTIONS: Overturned

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, Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, and pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than two joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." Review of the submitted documentation indicates that the injured worker has radicular symptoms of numbness and weakness. However, the MRIs show no radicular evidence, and reflexes and strength on exam are symmetric and intact. As the only suggestion of radiculopathy is subjective sense of numbness, the request is medically necessary.