MAXIMUS Federal Services

Case Number:	CM14-0012784		
Date Assigned:	02/21/2014	Date of Injury:	09/06/2013
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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 51 year old female who reported an injury on 09/06/2013 due to a motor vehicle accident. On 12/18/2013 the injured worker reported having daily and continuous neck pain described as dull and aching that extended down toward the left side to her fingers, pain varies with rest and activities. She also reported daily continuous low back pain described as dull and stiff that radiated to the hips, down to the feet, and was worse on the right side. Physical exam of the cervical spine showed tenderness to palpation over the paracervical muscles, left trapezius musculature, and interscapular space, she also had a negative Hoffman's test. There was tenderness on palpation of the lumbar spine at the paravertebral muscles bilaterally and mild decrease in sense over the left S1 dermatome distribution was noted, straight leg raise was also negative bilaterally. An MRI of the lumbar and cervical spine was done on 11/08/2013 and revealed a mild diffuse annular bulging disc at L3-L4 level, L4-S1 appeared normal, a posterior disc protrusion measuring 3mm affecting the ventral thecal sac at C3-C4 level, and a broad based posterior disc protrusion with mild narrowing of the left neural foramen at C4-C5 level. Medications list included Effexor, Lidoderm, Meloxicam, Naproxen, Requip, Soma, Tramadol, and Xanax. The treatment plan is for facet block injections at C3-C4 and C4-C5 levels along with facet block injections at L4-L5 and L5-S1 levels. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK INJECTIONS C3-4 AND C4-5, FACET BLOCK INJECTIONS - L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chronic Pain, Facet Blocks

Decision rationale: The request for facet block injections at C3-C4 and C4-C5 levels in addition to L4-L5 and L5-S1 levels is not medically necessary. The injured worker reported having dull aching neck pain that radiated down toward the left side to the fingers and low back pain radiating to the hips and feet. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability guidelines criteria for the use of blocks for facet "mediated" pain indicates that clinical presentation should be consistent with facet joint pain and that no more than 2 facet joint levels should be injected in one session. The documentation provided does not show that the injured worker had facet joint pain. In addition, the request for facet block injections is at 4 levels which exceeds the recommendation of no more than 2 levels. Given the above, the request is not medically necessary.