

Case Number:	CM14-0017650		
Date Assigned:	04/16/2014	Date of Injury:	07/21/2006
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 71-year-old female who reported a work related injury on 11/21/2006. The injury reportedly occurred when the injured worker tripped and fell and hit her arms and shoulder on a pallet. The injured worker's diagnoses include chronic cervical strain, advanced degenerative disc disease at C4-5, chronic lumbosacral strain, herniated disc at L4-5 and L5-S1, fracture of T10, T11 and T12, left greater trochanteric bursitis, left sided disc bulging at L3-4. On 02/27/2014, the injured worker was seen for an orthopedic re-examination. The injured worker had complaints of left sided low back pain that was radiating into the left buttocks. The injured worker was not working. The patient had physical therapy and medication management as part of conservative care. Also, on 03/12/2009, the patient had a right shoulder arthroscopic superior labrum anterior-posterior (SLAP) repair with revision of the subacromial decompression (SAD) and open distal clavicle excision (DCE). On physical exam, the patient did walk with a marked left leg limp and toe and heel walking was deficient on the left. The patient also had tenderness over the left trochanteric bursa as well as over facets from L3 to the sacrum. The request was for a facet block from L4-S1 on the left side, date and rationale not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS FROM L4 TO SACRUM ON LEFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: The documentation provided during the re-evaluation noted that the patient did have mark left leg limp, toe and heel walking deficit on the left and tenderness over the left trochanteric bursa as well as over the facets from L3 to the sacrum on the left. On the 01/23/2014 office visit, there was decreased sensation to pinprick in the left leg. CA MTUS/ACOEM states facet injectinos are of questionable merit. The Official Disability Guidelines states that low back/facet joint blocks are for unresolved axial, nonradicular back pain with anticipated surgical intervention. Although the patient is noted to have tenderness to palpation over the facets from L3 to the sacrum, the patiety had decreased sensation in the left leg which would not be an indication of facet mediated pain. The medical necessity for this treatment has not been established. Therefore the request is not medically necessary.