MAXIMUS Federal Services

Case Number:	CM14-0124067		
Date Assigned:	08/08/2014	Date of Injury:	01/15/1993
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 injured worker is a 50 year old female who reported an injury on 01/15/1993; the mechanism of injury was not provided. Diagnoses included thoracic and lumbar neuritis and radiculitis, cervical degenerative disc disease, radiculopathy, and facet osteoarthritis, and failed low back surgery syndrome. Past treatments included epidural steroid injection of the cervical spine at C5-6 and C6-7, hot/cold therapy, and gentle stretching and exercise. Diagnostic studies included an imaging study, 12/05/2013, that revealed osteophyte complex at C5-6, C6-7, spinal stenosis, and foraminal narrowing and osteoarthritis throughout, unofficial. An MRI of the lumbar spine was performed on 09/19/2013, which revealed multiple level degenerative disc disease with spinal stenosis at L3-4, L4-5 and T11-12, and diffuse facet osteoarthritis and foraminal narrowing, unofficial. Surgical history included arthroscopic lumbar laminectomy, 1990, and left hip replacement. The clinical note dated 07/05/2014 indicated the injured worker complained of severe pain and spasm across the lumbosacral area and in the bilateral hips with numbness, tingling, and shooting sensation radiating to the lower extremities. Physical exam of the lumbar spine revealed a positive straight leg raise, decreased deep tendon reflexes, and tenderness upon palpation in the lumbosacral area. Per the clinical note dated 07/18/2014, medications included benazepril 20 mg, butrans 20 mcg, Ambien 5-10 mg, trazadone 50-100 mg, oxycodone 15 mg, bupropion 150 mg, Voltaren gel 1%, and Advil 200 mg. Medications prescribed at that visit included MS Contin 15 mg, Flexeril 10 mg, and Lunesta 3 mg. The treatment plan included a facet block for pain management. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management facet block, Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for pain management facet block is considered not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state that therapeutic facet joint blocks are under study, and the criteria for use include no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines indicate no more than two joint levels may be blocked at one time. There should also be a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Per the provided documentation the injured worker had a positive straight leg raise, decreased deep tendon reflexes, and numbness and tingling radiating from the low back to the lower extremities. An MRI of the lumbar spine revealed spinal stenosis at L3-4, L4-5, and T11-12. There is evidence of neurologic deficit, lumbar spinal stenosis, and tenderness in the lumbosacral area not specific to a facet region. There is a lack of documentation indicating the injured worker has significant findings indicative of facetogenic pain. Furthermore, the request does not include the location of the facet block. For these reasons, the request for pain management facet block is found to be not medically necessary.