

Case Number:	CM14-0020180		
Date Assigned:	04/25/2014	Date of Injury:	12/19/2006
Decision Date:	07/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 & 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 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 49-year-old female with an injury reported on 12/19/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/19/2014, reported that the injured worker complained of pain in the low back. The physical examination findings reported tenderness across the lumbosacral area over the bilateral sacroiliac (SI) joints on palpation. Range of motion to low back was reported as 75% restricted extension, 25% with flexion. It was also reported a positive Patrick's bilaterally. It was reported that the injured worker's motor testing was 5/5 in all major muscle groups. The injured worker's diagnoses included MRI of the lumbar spine (09/15/2010) showed disc bulge at L5-S1, facet arthropathy at L4-5 and L5-S1. The request for authorization was submitted on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FACET BLOCK AT THE BILATERAL L4, L5, ALAR, AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 Diagnostic Blocks (Injections).

Decision rationale: The request for outpatient facet block at the bilateral L4, L5, alar spine, and S1 is not medically necessary. The injured worker complained of pain in the low back. The physical examination findings reported tenderness across the lumbosacral area over the bilateral SI joints per palpation. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines on invasive techniques, to include injection procedures of the facet joints, are of questionable merit; however, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines stated that diagnostic facet joint injections may be recommended prior to neurotomy when the clinical presentation is consistent with facet joint pain and they should be limited to patients with low-back pain that is non-radicular, at no more than two levels bilaterally, when documentation shows the failure of conservative treatment (including home exercise, physical therapy (PT) and NSAIDs) for at least 4-6 weeks. There is also a lack of clinical evidence that the injured worker was unresponsive to physical therapy or home exercise. It was note that the injured worker is on Percocet 10/325mg and ibuprofen; however, there is a lack of clinical evidence of effectiveness. In addition, the documentation failed to show significant evidence of facet joint dysfunction at the requested levels, as there was no notation of tenderness to palpation directly over the facets requested. Furthermore, the documentation does not indicate whether the treatment plan would include neurotomies with positive results from the requested blocks. Therefore, the request outpatient facet block at the bilateral L4, L5, alar spine, and S1 is not medically necessary.