

Case Number:	CM14-0030414		
Date Assigned:	06/20/2014	Date of Injury:	04/10/2003
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

This 42 year-old patient sustained an injury to the cervical and lumbar spine on 4/10/03 while employed by [REDACTED]. Request(s) under consideration include Facet Injections on L4-5 and L5-S1. Diagnoses include brachial neuritis/radiculitis. Report of 8/6/12 from provider noted patient with diagnoses of cervical spondylosis and facet arthropathy with recommendation for diagnostic facet injections followed by radiofrequency nerve ablation. EMG report of February 2006 demonstrated left Cervical C6 Radiculopathy and Bilateral L2-3 Lumbar Radiculopathy. There is history of diabetes, high blood pressure, and left carpal tunnel release in 1996. Report of 8/3/07 from provider noted patient with radicular neck symptoms radiating to left shoulder down arm with associated numbness and tingling. Exam of the lumbar spine showed positive straight leg raise in supine position with exacerbation with dorsiflexion of ankle. Diagnoses included multilevel cervical spondylosis and disc protrusions at C5-6-7; Left C6 radiculopathy; Bilateral L2-3 lumbar radiculopathy; chronic pain/muscle spasm; and depression with anxiety. Conservative care included shoulder injections, trigger point injections, physical therapy, acupuncture, medications with subsequent cervical epidural steroid injection. The patient was P&S with permanent disability and work restrictions. Request(s) for Facet Injection on L4-5 and L5-S1 was non-certified on 2/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection on L4-5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of diagnostic blocks for facet "medicated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. The patient has had previous lumbar injections without evidence of functional benefit. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with radiculopathy, leg pain complaints, clinical findings and EMG diagnoses of lumbar radiculopathy. Facet blocks are also not recommended without defined imaging correlation not demonstrated here nor are they recommended without remarkable clinical findings of facet disease. Submitted reports have not demonstrated support outside guidelines criteria. The Facet Injection on L4-5 and L5-S1 is not medically necessary and appropriate.