

Case Number:	CM14-0045811		
Date Assigned:	07/02/2014	Date of Injury:	09/02/2013
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 46 year-old female patient sustained an injury on 9/2/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar facet block. Conservative care has included medications, physical therapy, injections, and modified activities. X-rays 3-views of the lumbar spine dated 9/2/13 noted vertebral body heights and disc spaces are preserved with impression of unremarkable lumbar spine. X-rays of the pelvis 9/2/13 was normal. Report of 2/3/14 from the provider noted patient seen for complaints of cervical, lumbar spine, and bilateral shoulder pain. Bilateral paracervical and trapezius muscles pain with radiating down bilateral upper extremities; right lower back area pain with radiation down right lower extremity with intermittent numbness and tingling in the right leg. Exam of the lumbar spine with decreased flexion, extension, and bilateral bending by 10% of normal; tenderness in right iliolumbar ligament; decreased light touch sensation in dorsal aspect of right foot; decreased reflexes in right ankle; decreased strength in right DF and right EHL. Diagnoses include right Lumbosacral strain; lumbosacral radiculopathy; myofascial pain syndrome; bilateral cervical strain/ radiculopathy; bilateral shoulder strain; and question of bilateral rotator cuff tears. Report of 3/20/14 noted low back pain to right leg. Exam showed low back pain on right to buttock to lateral leg and posterior knee. Plan include lumbar facet blocks at right L4-5 and L5-S1. Request(s) for Lumbar facet block was non-certified on 3/28/14 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:

Lumbar facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- lumbar facet injections.

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 (therapeutic injections), pages 412-418: Not recommended except as a diagnostic tool.

Decision rationale: This 46 year-old female patient sustained an injury on 9/2/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar facet block. Conservative care has included medications, physical therapy, injections, and modified activities. X-rays 3-views of the lumbar spine dated 9/2/13 noted vertebral body heights and disc spaces are preserved with impression of unremarkable lumbar spine. X-rays of the pelvis 9/2/13 was normal. Report of 2/3/14 from the provider noted patient seen for complaints of cervical, lumbar spine, and bilateral shoulder pain. Bilateral paracervical and trapezius muscles pain with radiating down bilateral upper extremities; right lower back area pain with radiation down right lower extremity with intermittent numbness and tingling in the right leg. Exam of the lumbar spine with decreased flexion, extension, and bilateral bending by 10% of normal; tenderness in right iliolumbar ligament; decreased light touch sensation in dorsal aspect of right foot; decreased reflexes in right ankle; decreased strength in right DF and right EHL. Diagnoses include right Lumbosacral strain; lumbosacral radiculopathy; myofascial pain syndrome; bilateral cervical strain/ radiculopathy; bilateral shoulder strain; and question of bilateral rotator cuff tears. Report of 3/20/14 noted low back pain to right leg. Exam showed low back pain on right to buttock to lateral leg and posterior knee. Plan include lumbar facet blocks at right L4-5 and L5-S1. Per Official Disability Guidelines (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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating magnetic resonance imaging (MRI) results. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar facet block is not medically necessary and appropriate.