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| Case Number: | CM14-0050369 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/04/2007 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 64-year-old with a reported date of injury on December 4, 2007. The injury reportedly occurred when the injured worker fell while unloading a truck. The injured worker presented with cervical spine pain and right shoulder pain. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 80 degrees, extension to 20 degrees, lateral flexion bilaterally to 25 degrees, and bilateral rotation to 30 degrees. In addition, the injured worker presented with a positive straight leg raise on the right and right positive Kemp's test. According to the clinical documentation provided for review, the injured worker's lumbar spine MRI dated January 24, 2008 revealed 2 mm disc bulge at L3-4 and L4-5. The clinical information indicates that the injured worker underwent EMG (electromyogram) and NCV (nerve conduction velocity) test of the lower extremities, the results of which were not provided within the documentation available for review. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included lumbar spine strain/sprain, right lower extremity radiculitis, right Achilles tendon partial tear, bilateral shoulder impingement syndrome, cervical sprain/strain, and reactionary depression/anxiety. The injured worker's medication regimen included Norco 10/325, Anaprox DS, Prilosec, and Fexmid. The Request for Authorization for intra-articular facet injections at L3-4, L4-5, and L5-S1 was not submitted. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular facet injections L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 Intra-articular Injections (therapeutic blocks).

Decision rationale: The Official Disability Guidelines state that facet joint intra-articular injections are under study. Current evidence is conflicting as to this procedure, and at this time, no more than 1 therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. If a therapeutic facet joint block is undertaken, it is suggested that it is best used with other evidence-based conservative care to facilitate functional improvement. Criteria for use of therapeutic intra-articular medial branch blocks are as follows: no more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus pain relief to at least 50% for a duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. No more than two joint levels may be blocked at any one time. In addition, there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the clinical documentation provided for review, the injured worker had a positive right straight leg raise and decreased strength. In addition, the injured worker has previously undergone intra-articular injections, the results of which were not provided within the documentation available for review. The clinical information provided lacks documentation related to previous physical therapy. In addition, there is a lack of documentation related to the formal plan of additional evidence-based activity and exercise to be utilized in conjunction to the facet joint injection therapy. The Official Disability Guidelines recommend that no more than two joint levels may be blocked at any one time. The request for facet joint injections at L3-4, L4-5, and L5-S1 exceeds recommended guidelines. The request for intra-articular facet injections L3-4, L4-5, L5-S1 is not medically necessary or appropriate.