

Case Number:	CM14-0059118		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2005
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 54 year-old female who was reportedly injured on 8/14/2005. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 4/21/2014, indicates that there are ongoing complaints of chronic neck pain, bilateral shoulder pain, and lumbar spine pain. The physical examination demonstrated cervical paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch, cervical spine. Unable to perform heel/toe walk, loss of lumbar lordosis, tenderness to palpation lumbar spine, restricted and painful range of motion lumbar spine, positive sciatic and femoral tension signs bilaterally. Diagnostic imaging studies include an MRI of the cervical spine dated 12/19/2013 which reveals disc protrusion at C3-C4, and C4-C5, disc bulge at C5-C6, and disc protrusion at C6-C7 and C7-T1. Magnetic resonance image of the lumbar spine dated 10/8/2013 reveals mild facet arthropathy at L3-L4, and L4-L5. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for lumbar facet joint block at L3-L4, and L4-L5, bilaterally and was not certified in the pre-authorization process on 4/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Block Injection bilaterally at level L3-L4 and L4-L5: Upheld

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

(ODG), Treatment Index, 12th Edition (web), Low Back-Facet Joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the MTUS/ACOEM Guidelines, Epidural Steroid Injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, 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. Therefore, the request for a Facet Joint Block Injection bilaterally at level L3-L4 and L4-L5 is not medically necessary and appropriate.