

Case Number:	CM14-0066976		
Date Assigned:	07/11/2014	Date of Injury:	03/15/1996
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Washington. 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 68-year-old female who reported an injury on 03/15/1996 due to a fire extinguisher falling off the top of a refrigerator and hitting her in the head. Diagnoses were lumbar spine sprain/strain, chronic low back pain, rule out radiculopathy, cervical disc disorder with myelopathy, ulcerative colitis, left foot stress fractures, and spasmodic cervical torticollis. Past treatments reported were physical therapy, trigger point injections, and Botox injection to the cervical spine on 08/15/2013. Diagnostic studies were CAT scan and x-rays. Surgical history was right knee arthroscopy in 07/2007, appendectomy, tonsillectomy, fistulectomy, and laminectomy. Physical examination on 04/02/2014 revealed complaints of right lower back pain that radiated to the right leg and foot, affecting sleep. There were complaints of right thoracic pain that radiated into the scapula, and right hip pressure pain that traveled into legs and increased while sleeping. There were other complaints of right groin pain, low back, right hip, right pelvis, and right lower extremity pain. There were complaints of lower back pain with numbness in right lower extremity. Physical exam revealed cervical spine spasm, severe, essentially fixed marked dystonia torticollis to the right with slight decrease since Botox injection, and positive Lhermitte's. Medications were Norco, Valium, Topamax, Percocet and Lidoderm Patches. The treatment plan was for a right thoracic trigger point injection, status post right S1 facet block steroid, 1 cc, and also a repeat of the cervical spine Botox. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 Facet block, 1cc steroid: 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 - Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 348.

Decision rationale: The California ACOEM states facet joint injections are not recommended for the treatment of low back disorders. 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. The guidelines also state injections of corticosteroids or local anesthetics, or both, should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to injury. Local anesthetics can mask symptoms and inhibit long term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. The injured worker had an injection of 1 cc of steroid. The medical guidelines do not support the injection of corticosteroids or local anesthetics. Past conservative therapy was not reported. Past facet injections were not reported with any type of measurable gains or functional improvement. Therefore, the request is not medically necessary.