

Case Number:	CM14-0084261		
Date Assigned:	07/21/2014	Date of Injury:	08/10/2009
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 male who reported an injury on 08/10/2009. The mechanism of injury was not stated. Current diagnoses include herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar radiculopathy, chronic mid back pain, right shoulder impingement bursitis, status post right shoulder surgery on 04/11/2011, status post right hip replacement on 09/24/2013, and lumbar spine facet arthropathy. The injured worker was evaluated on 04/02/2014 with complaints of neck and lower back pain. Previous conservative treatment included 24 sessions of chiropractic therapy, 18 sessions of acupuncture, physical therapy, and medication management. The current medication regimen included Norco 5/325 mg and gabapentin 600 mg. The physical examination revealed a significantly antalgic gait, tenderness to palpation of the cervical paraspinals and bilateral trapezii, tenderness to palpation of the lumbar paraspinals and lumbar facets, SI joint tenderness, decreased cervical and lumbar range of motion secondary to pain, intact sensation in the upper and lower extremities, diminished strength in the right upper extremity and bilateral lower extremities, hyper reflexes in the patella region, positive Hoffman's testing, 2 beats of clonus bilaterally, and positive straight leg raising bilaterally. The treatment recommendations at that time included a facet medial branch block at the right L2, L3, L4, and L5 levels. A Request for Authorization form was then submitted on 04/02/2014 for facet medial branch blocks on the right at L2 through L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L2, L3, L4 and L5 facet medial branch 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, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, the injured worker's physical examination revealed diminished motor strength and abnormal reflexes in the lower extremities as well as positive straight leg raising. The injured worker maintains a diagnosis of lumbar radiculopathy. Based on the clinical information received, and the above-mentioned guidelines, the request is not medically appropriate.