

Case Number:	CM14-0087536		
Date Assigned:	07/23/2014	Date of Injury:	07/28/2004
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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:

The injured worker is a 40-year-old-male with date of injury 6/27/03 and 7/28/04. Patient has sustained injuries to the left shoulder and elbow and low back. The pain is reported across the lumbar spine, rated 5/10 and is described as dull, sharp, aching and intermittent. The pain is also noted at both hips, legs and extending to feet, more on the right. There is also tingling/numbness in the right medical leg/calf. Back symptoms are increased by bending, sitting, lying down and lifting. He is taking Norco for pain. Mild weakness is also reported in the right leg. Patient had right L5-S1 laminectomy and discectomy in 12/04. He is noted to have residual right S1 radiculopathy. He also had epidural injection and facet blocks in the past which did not help even temporarily. Patient indicates that the surgery did not help. Lumbar x-rays and right hip x-rays were negative. Lumbar MRI disclosed an L5-S1 disc lesion. On exam, there was severe tenderness in the lumbar spine and the range of motion was decreased. The straight leg raise (SLR) was negative bilaterally. The Kemp's test was positive bilaterally. The strength was 5/5 bilaterally. The sensation and Deep Tendon Reflexes (DTRs) were intact bilaterally. There was no muscular guarding in the cervical region, thoracic region, and lumbar region. Diagnoses: Left shoulder and left upper extremity strain; mild residual left shoulder impingement. L5-S1 disc herniation. Status post L5-S1 discectomy. Right hip strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, the criteria for use of therapeutic intra-articular and medial branch blocks are: There should be no evidence of radicular pain, spinal stenosis, or previous fusion, There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. No more than one therapeutic intra-articular block is recommended. In this case, there is clinical evidence of radiculopathy and history of back surgery. There is no documentation of a formal plan for rehabilitation in addition to facet joint injection. There is no imaging evidence of facet arthritis. Furthermore, the patient had reported that previous epidural and facet injections did not help. Therefore, the request is considered not medically necessary according to guidelines.