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| Case Number: | CM14-0089682 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 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:

This 45 year-old patient sustained an injury on 8/5/13 from a fall during the movement of a heavy piece of machinery while employed by [REDACTED]. Diagnoses include cervical strain; lumbar strain/ HNP without myelopathy/ radiculitis/ lumbago; and disorder of the sacrum. Request(s) under consideration include Bilateral facet joint injections. The patient had non-displaced fracture of the sacrum resolved per MRI. MRI of the lumbar spine dated 9/23/13 showed partially sacralized L5; disc protrusion/bulge at L4-5 with some foraminal narrowing without definite impingement or central canal stenosis. Conservative care has included medications, physical therapy, lumbar epidural steroid injections (4/7/14), and modified activities/rest. Report of 2/11/14 from orthopedic provider noted the patient with bilateral lower back pain radiating to groin and lateral leg calves. Treatment plan included lumbar ESI at bilateral L5. Report of 5/6/14 from the provider noted the patient with back and groin pain rated at 8/10 with leg pain to the foot. Exam showed lumbar paraspinal tenderness along with tender buttocks and SI joint, mild spasm, positive facet loading bilaterally; limited restricted lumbar range; DTRs of 1-2+; positive straight leg raise bilaterally with leg pain radiating to foot; guarded sacral thrust, positive Fabere's and decreased sensation at lateral and posterior calves. Treatment included bilateral L3-5 (S1) MBB, if positive, repeat and MBRF. The request(s) for Bilateral facet joint injections was non-certified on 5/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate HNP with neural foraminal narrowing and possible nerve impingement s/p lumbar epidural steroid injections. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks beyond the guidelines criteria. The Bilateral facet joint injections (L3-5, S1) are not medically necessary and appropriate.