

Case Number:	CM14-0191702		
Date Assigned:	11/25/2014	Date of Injury:	11/09/1999
Decision Date:	01/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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:

This 57 year-old patient sustained an injury on 11/9/1999 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Facet joint injection at bilateral T6-7, T7-8. Diagnoses include multilevel degenerative disc disease; thoracic spine facet arthropathy; chronic superior endplate compression at T7 vertebral body. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/8/14 from the provider noted the patient with chronic ongoing mid back pain rated at 8/10 for injury now over 15 years. The patient had recent 2 thoracic spine facet injections at T6-7 and T7-8 on 2/28/14 but has worn off, first previously done on 9/20/13. It was noted the facet injections have provided decreased pain and allowed the patient to perform daily activities. The request(s) for Facet joint injection at bilateral T6-7, T7-8 was non-certified on 10/29/14 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:

Facet joint injection at bilateral T6-7, T7-8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. The patient is has only noted pain relief; however, with unchanged medication profile post recent multiple facet injections. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing mild degenerative changes. Previous medial branch blocks are noted to provider significant help; however, no specific duration is identified, increased ADLs, work status, decrease in medication dosages, or medical utilization are demonstrated. Submitted reports have not demonstrated support outside guidelines criteria. The Facet joint injection at bilateral T6-7, T7-8 is not medically necessary and appropriate.