

Case Number:	CM14-0094208		
Date Assigned:	09/12/2014	Date of Injury:	03/05/2012
Decision Date:	01/14/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 67-year-old female sustained a work-related injury on 03/05/2012. According to a consultation dated 04/24/2014, the mechanism of injury was a fall. The provider noted that the injured worker's symptoms continued to be pretty significant, mostly on the right side of her back with radiation into the right greater than the left lower extremity. Physical examination revealed normal cervical range of motion. The injured worker ambulated with a cane. Sensation was intact to light touch from C5-T1 distribution bilaterally, motor examination of the upper extremities within normal limits, limited lumbar range of motion, tenderness in the right paraspinal muscle. Facet loading on the right severely worsened symptoms. Sensation intact to light touches from the L1 to S1 distribution bilaterally and motor examination of the lower extremities within normal limits. According to the provider, MRI images from 2012 showed significant facet arthropathy on the right side at the L5-S1 level. Extension films showed that she appeared to have a bit of a slip when she extends, consistent with that facet being involved as well. Diagnosis included right facet arthropathy. Plan of care included right L5-S1 facet block and follow-up in 2-4 weeks. According to the provider, if this really helps her, then she would be a candidate for a rhizotomy that could give her pain relief for about six months. Previous injections were noted to give her short-term relief. Radiographic imaging reports were not submitted for review. On 05/20/2014, Utilization Review non-certified facet blocks right L5-S1 that was requested on 05/12/2014. According to the Utilization Review physician, the injured worker had facet blocks in the past and had little to no improvement. Official Disability Guidelines does not recommend more than one diagnostic block. Furthermore, the percentage and duration of pain relief after the facet blocks was not documented. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block right L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter noted

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

Decision rationale: ACOEM guidelines, Chapter 12, low back, page 300, states that invasive techniques including facet joint injections of steroid and Lidocaine are of questionable merit. The guidelines, thus, do not clearly support intraarticular facet blocks in any situation. These guidelines in particular would not support such intraarticular facet blocks in a situation such as this where the patient has had a limited response from a prior injection. Overall, this request is not supported by the treatment guidelines. This request is not medically necessary.