

Case Number:	CM15-0002203		
Date Assigned:	01/13/2015	Date of Injury:	07/09/2012
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported injury on 07/09/2012. The mechanism of injury was due to cumulative trauma. His relevant diagnoses included thoracic spine strain, lumbar spine strain, right shoulder tendinosis, swallowing dysfunction and status post acromial decompression of the C6-7. His past treatments included pain management, surgery, physical therapy, medications and injections. Pertinent diagnostic studies included an unofficial lumbar MRI performed on 12/06/2014, which revealed mild scoliotic curvature of the lumbar spine; L4-S1 indicated a 3 mm midline disc protrusion resulting in effacement of anterior thecal sac with no neural abutment or central canal narrowing present. On 01/02/2015, the injured worker complained of thoracic spine pain, cervical spine pain, lumbar spine pain rated 8/10. The physical examination of the lumbar spine revealed tenderness over the lumbar, lumbosacral and sacral areas bilaterally. The lumbar spine range of motion was also indicated to be decreased with flexion at 45 degrees, extension at 15 degrees, right lateral and left lateral at 15 degrees. The injured worker's sensation was indicated to be 5-/5 with intact sensation. His relevant medications were noted to include Naprosyn, Norco, Motrin, Prilosec and Flexeril. The treatment plan included injection diagnostic facet block at L4-5 and L5-S1 bilaterally at the level of the medial branches. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Diagnostic Facet Block at L4-5 and L5-S1 Bilaterally at the Level of the Medial Branches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back - Lumbar and Thoracic (acute & chronic)(updated 11/21/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for injection diagnostic facet block at L4-5 and L5-S1 bilaterally at the level of the medial branches is not medically necessary. According to the Official Disability Guidelines, facet joint diagnostic block injections are limited to patients with low back pain that are nonradicular and at no more than 2 levels bilaterally. There should also be documentation of recently failed conservative treatments including home exercise, PT and NSAIDs prior to the procedure for at least 4 to 6 weeks. The injured worker was noted to have cervical, thoracic and lumbar spine pain. However, there was lack of documentation indicating the patient had recently failed conservative treatments prior to the procedure request for at least 4 to 6 weeks to include home exercise, physical therapy and NSAIDs. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.