

Case Number:	CM15-0002830		
Date Assigned:	01/13/2015	Date of Injury:	01/19/2014
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old male who reported an injury on 01/19/2014. The mechanism of injury was not specifically stated. The current diagnoses include L4-S1 facet arthropathy, right sacroiliac joint dysfunction, intermittent bilateral lower extremity paresthesia with hip flexor weakness, and resolved thoracic strain. The injured worker presented on 12/12/2014 with complaints of right paraspinal and sacroiliac joint pain rated 6/10. Upon examination, there was tenderness over the right sacroiliac joint with decreased sensation over the L4-S1 dermatomes. There was 60 degrees flexion, 25 degrees extension, and 25 degrees right and left lateral bending. Straight leg raise was negative bilaterally at 90 degrees. There was positive faber testing on the right and positive pelvic compression testing on the right. Recommendations at that time included a right L4-5 and L5-S1 facet block prior to considering a right sacroiliac joint fusion. A request for authorization form was then submitted on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Facet block injection, lumbar spine QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Medial

Branch Blocks and on the Non-MTUS ACOEM Occupational medicine Practices Guidelines, 2nd Edition, 2004, Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, there was no objective evidence of facet mediated pain. There was also no mention of a recent attempt at conservative treatment prior to the request for a facet joint block. It was noted that the injured worker was pending chiropractic therapy and acupuncture. Given the above, the request is not medically appropriate.

Right L5-S1 facet block injection, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Medial Branch Blocks and on the Non-MTUS ACOEM Occupational medicine Practices Guidelines, 2nd Edition, 2004, Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, there was no objective evidence of facet mediated pain. There was also no mention of a recent attempt at conservative treatment prior to the request for a facet joint block. It was noted that the injured worker was pending chiropractic therapy and acupuncture. Given the above, the request is not medically appropriate.