

Case Number:	CM15-0004356		
Date Assigned:	01/15/2015	Date of Injury:	03/12/2012
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: Emergency Medicine

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 43 year old female with a date of injury as 03/12/2012. The cause of the injury occurred when she slipped in a freezer. The current diagnoses include thoracic or lumbar neuritis or radiculitis unspecified. Previous treatments include medications, occupational therapy, chiropractic therapy, massage therapy, and physical therapy. Physician's reports dated 06/25/2014 through 12/09/2014, qualified medical examination dated 12/13/2013, and a MRI report of the lumbar spine dated 11/07/2013 were included in the documentation submitted for review. Report dated 12/09/2014 noted that the injured worker presented with complaints that included pain in her back and down her right leg mostly but also down the left leg with numbness and tingling in bilateral feet. The pain is described as constant stabbing, sharp, burning, shooting, aching, and tight. Pain level was rated as 6-9 out of 10. Physical examination revealed facet tenderness, axial loading increases pain, decreased range of motion due to pain, radicular pain is present on the L2-L5 levels, straight leg raise test is positive bilaterally, and decreased sensation in the right leg with numbness and tingling. Treatment recommendations included right L2-L5 transforaminal steroid injection under fluoroscopic guidance for radicular pain and bilateral L3-4 and L4-5 inter articular steroid facet blocks under fluoroscopic guidance for focal type pain. The utilization review performed on 12/19/2014 non-certified a prescription for bilateral L3-4 and L4-5 inter articular steroid facet blocks under fluoroscopic guidance based on the California MTUS ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3/4 L4/5 inter articular facet blocks under fluroscopic guidance: Upheld

Claims Administrator 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 Chapter, Facet Injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines diagnostic blocks may be recommended under certain criteria. The basic criteria is clinical presentation should be consistent with facet joint pain syndrome with no other causes of back pain such as radiculopathy. Patient has provided contradictory request for both epidural steroid injection and a facet block. ESI is specifically for radicular pain which is a contraindication for facet block since it will lead to therapeutic confusion as to source of pain. ODG also recommends a specific functional plan in combination with injection to improve function; none of this was documented on provided record. Facet blocks are not medically necessary.