

Case Number:	CM15-0133284		
Date Assigned:	07/21/2015	Date of Injury:	01/05/2004
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old female who sustained an industrial injury on January 5, 2004. She has reported chronic low back pain, cervical spine pain, bilateral shoulder pain status post bilateral shoulder surgeries, and left middle finger triggering and has been diagnosed with lumbar discogenic disease, arterolsthesis of L3 and L4, lumbar facet arthrosis, chronic low back pain, cervical discogenic disease with facet arthropathy, bilateral shoulder impingement syndrome, and status post bilateral shoulder surgeries. Treatment has included medications and surgeries. Examination of the cervical spine revealed spasm, pain, and decreased range of motion. There was facet tenderness and tenderness to palpation over the cervicotrapezius ridge. There was pain with flexion and extension. Examination of the shoulders revealed a positive impingement sign bilaterally. There was painful range of motion bilaterally. Examination of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion. There was tenderness over the lumbar paraspinal musculature. There was tenderness to palpation over the facet joints. There was pain with flexion and extension. The treatment request included 1 bilateral lumbar facet block at the L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Blocks at the L3-S1 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit". According to ODG guidelines regarding facets injections, "Under study". Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. In this case, there is no documentation of facet pain is the main pain generator. There is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. There is no documentation of significant facet improvement with previous injection (pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks) There is no documentation that the diagnosis of lumbar radiculopathy was excluded. Therefore, the request for Bilateral Lumbar Facet Blocks at the L3-S1 level is not medically necessary.