

Case Number:	CM15-0136532		
Date Assigned:	07/27/2015	Date of Injury:	01/25/2009
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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, 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 51 year old female, who sustained an industrial injury on 1/25/2009. The medical record submitted for this review did not include documentation regarding the initial injury. Diagnoses include cervical sprain with headaches, status post right shoulder rotator cuff repair, right carpal tunnel syndrome, lumbar strain, rule out disc disease and radiculopathy, rule out right labral hip tear, left ankle fracture, left knee contusion, and right knee chondromalacia. Treatments to date include medication therapy, chiropractic therapy, acupuncture therapy, and epidural steroid injections. Currently, she complained of worsening low back pain. On 5/27/15, the physical examination documented a positive compression test, lumbar tenderness and severe facet loading pain bilaterally. The plan of care included a request to authorize facet block and ablation bilaterally to L4-5, and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block and ablation, Bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for facet block, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." With regard to ablation, it is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, there is no clear rationale for the use of facet blocks rather than the medial branch blocks supported by the guidelines. Furthermore, there is no indication for the authorization of ablation prior to obtaining the results of diagnostic medial branch blocks and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested facet block and ablation are not medically necessary.