

Case Number:	CM15-0200666		
Date Assigned:	10/15/2015	Date of Injury:	12/26/2014
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on 12-26-2014. A review of medical records indicates the injured worker is being treated for right thoracic facet joint pain T11-T12, T12-L1, thoracic facet joint arthropathy, chronic thoracic back pain, right L5 and S1 radiculopathy with right lower extremity weakness, cervical facet joint pain, cervical facet joint arthropathy, chronic neck pain, and left ulnar neuropathy. Medical records dated 8-31-2015 noted bilateral low back pain radiating to the buttock, thigh, and calf. There was bilateral neck pain radiating to the shoulders, right worse than the left. Physical examination noted tenderness to palpation of the cervical, lumbar, and thoracic musculature. Lumbar range of motion was restricted due to pain. Cervical range of motion was restricted in all planes due to pain. Sensation was intact to all limbs except for decreased sensation in the left ulnar forearm. The visit was noted as unchanged from the prior visit. Treatment has included Percocet since at least 8-31-2015. Utilization review form dated 9-15-2015 noncertified outpatient fluoroscopically guided diagnostic right T11-T12 and right T12-L1 facet joint medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Fluoroscopically- guided diagnostic right T11-T12 and right T12-L1 facet joint medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition) 2015 Low Back Chapter; National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint medial branch blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation as the patient has radicular pain symptoms on exam and therefore the request is not medically necessary.