

Case Number:	CM15-0212992		
Date Assigned:	11/02/2015	Date of Injury:	01/08/2003
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/29/2015

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 55 year old female, who sustained an industrial injury on January 08, 2003. The injured worker was diagnosed as having discogenic low back pain at lumbar four to five, chronic cervicgia, left upper extremity radiculopathy, right lower extremity radiculopathy, chronic cephalgia, status post lumbar fusion at lumbar four to five, status post hardware removal in December 19, 2013, and chronic lumbalgia. Treatment and diagnostic studies to date has included electromyogram with nerve conduction study, above noted procedures, bilateral lumbar facet block injections on June 23, 2014, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated October 06, 2015 the treating physician reports complaints of sharp, burning, pinching, dull, electric shocking pain to the neck, head, upper back, bilateral upper extremities, right mid and low back, buttocks, and bilateral lower extremities along with spasms, numbness, and weakness. The treating physician also noted an increase in pain from a previous trigger point. Examination performed on October 06, 2015 was revealing for decreased range of motion to the lumbar spine with pain, tenderness to the lumbar paraspinal muscles, spasms to the shoulder girdle, cervical spine, and the upper thoracic spine. On October 06, 2015 the injured worker pain level was rated a 9 out of 10 at its highest, a 5 out of 10 at its lowest, and averaged a 7 out of 10. On October 06, 2015 the treating physician requested bilateral facet block injections at lumbar three to four and lumbar five to sacral one noting prior bilateral lumbar three to four and lumbar five to sacral one facet blocks performed on June 23, 2014 that the treating physician noted "provided significant relief of her symptoms", but did not indicate the injured worker's numeric pain level prior to the blocks and after the blocks to determine the effects of the prior facet blocks. Also, the documentation

provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with prior lumbar facet blocks. On October 28, 2015, the Utilization Review determined the request for bilateral facet block injections at lumbar three to four and lumbar five to sacral one to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block Injections at L3-L4 and L5-S1 bilateral: 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-Facet joint diagnostic blocks (injections) facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: MTUS ACOEM guidelines only mention the use of facet blocks for diagnostic reasons. As per Official Disability Guidelines, 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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. Patient already received a prior block. There is no documentation of objective functional improvement, just vague subjective claims. The request is not medically necessary.