

Case Number:	CM15-0082822		
Date Assigned:	05/05/2015	Date of Injury:	07/11/2012
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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 60 year old male who sustained an industrial injury on 07/11/2012. Diagnoses include chronic pain, cervical disc degeneration, cervical facet arthropathy, lumbar disc degeneration, lumbar facet arthropathy, hypertension, obesity, gout, thyroid problems, and history of rib fractures. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. A physician progress note dated 03/31/2015 documents the injured worker has occasional neck pain that radiates down bilateral upper extremities. He has low back pain that is frequent, and is described as sharp and moderate in severity. He also has dizziness. Pain is rated as 1 out of 10 in intensity with medications and 8 out of 10 without medications. He reports activity of daily living limitations in the areas of ambulation, hand function, physical activity, self-care/hygiene, sexual and sleep due to pain. On examination, there is spinal vertebral tenderness in the cervical spine at C5-7. There was tenderness upon palpation in the spinal vertebral area of L4-S1 levels. Range of motion was slightly limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally. Computed tomography of the cervical spine done 07/11/2012 revealed multilevel degenerative disc disease resulting in variable central and foraminal stenosis at C3-C7. A Magnetic Resonance Imaging of the lumbar spine done on 06/13/2012 showed increased signal intensity in superior and anterior portion of T12 is suggestive of a corner fracture with extension of fracture line to the vertebral body. There is multilevel degenerative disc disease (with disc osteophyte complex at L1-2, and L4-5, and mild canal stenosis and degenerative changes in the facet joints

at L4-5 and mild canal stenosis at L5-S1). Treatment requested is for bilateral L3-5 Facet Joint Injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-5 Facet Joint Injection under fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, 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 intra-articular 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." Within the documentation available for review, the patient's pain is 1/10 with medication and 8/10 without. The symptoms are suggestive of a possible facet pain generator. However, there is no clear rationale for the use of facet joint injections rather than medial branch blocks to diagnose such a condition given the recommendations of the guidelines as outlined above, which recommend the latter. In light of the above issues, the currently requested facet injections are not medically necessary.