

Case Number:	CM14-0103039		
Date Assigned:	09/24/2014	Date of Injury:	04/01/2009
Decision Date:	10/31/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Internal Medicine; Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 04/01/2009. The injured worker reportedly sustained a cervical and lumbar spine strain while attempting to catch a falling plant. The current diagnoses include cervical stenosis, myofascial pain, cervical radiculopathy, lumbar spondylosis, and shoulder pain. Previous conservative treatment was noted to include physical therapy, cervical epidural steroid injections, and medications. The injured worker was evaluated on 06/04/2014 with complaints of 5/10 pain. The physical examination revealed tenderness to palpation in the lumbosacral region, limited range of motion with extension, facet tenderness, normal motor strength, and positive Patrick's maneuver bilaterally. The treatment recommendations at that time included bilateral L3-4 and L4-5 facet injections. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 Facet Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet injections are of questionable merit. The Official Disability Guidelines state prior to a facet joint diagnostic block, there should be evidence of an exhaustion of conservative care for at least 4 to 6 weeks prior to the procedure. The clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet injections are recommended prior to a facet neurotomy, if a neurotomy is chosen as an option for treatment. The injured worker does demonstrate facet tenderness upon physical examination. However, there was no clear indication as to whether the current request is for a diagnostic or a therapeutic facet injection. There was no mention of a subsequent plan for a facet neurotomy following the procedure. Based on the clinical information received and the above mentioned guidelines, the request for Bilateral L3-L4 and L4-L5 Facet Injections is not medically necessary.