

Case Number:	CM14-0118611		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2003
Decision Date:	11/06/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 10/27/03. A utilization review determination dated 6/27/14 recommends non-certification of lumbar and cervical facet block injections. 6/16/14 medical report identifies pain in the bilateral arms and legs, neck, right shoulder, right buttock, thoracic spine, right hip, bilateral hands, bilateral knees, and low back. On exam, there is pain to palpation over cervical and lumbar facets. Pain worsens on hyperextension with torso rotation. Radiculopathy is noted in the list of diagnoses, although no physical exam testing is noted in that regard. Lumbar and cervical facet block injections are recommended for diagnosis and treatment, noting that tow procedures will lead to cervical/lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar and Cervical Facet Block Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174, 300, 309. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint diagnostic blocks

Decision rationale: Regarding the request for facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines recommend medial branch blocks rather than intraarticular facet injections in the workup of facet-mediated pain, noting that they may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the patient's diagnoses include both cervical and lumbar radiculopathy and no recent negative physical exam testing in that regard is identified. Furthermore, the levels proposed for injection are not clearly identified and, as noted above, ODG recommends medial branch blocks rather than intraarticular facet injections in the workup of facet-mediated pain. Unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested facet injections are not medically necessary.