MAXIMUS Federal Services

Case Number:	CM14-0144982		
Date Assigned:	09/12/2014	Date of Injury:	09/17/2005
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

Injured worker is a male with date of injury 9/17/2005. Per primary treating physician's progress report dated 8/20/2014, the injured worker injured his head, entire spine, and left wrist in a fall through a balcony after he tripped. He presents for back pain which is reported as moderate-severe. The problem is fluctuating. It occurs persistently. Location of pain is middle back, lower back and gluteal area. Pain is radiated to the right ankle, right calf, right foot and right thigh. He describes the pain as deep, discomforting, numbness, piercing, sharp, shooting and throbbing. Symptoms are aggravated by bending, changing positions, daily activities, extension, flexion, jumping, lifting, running and sitting. Symptoms are relieved by exercise, heat, ice, lying down, injection, massage, movement, over the counter medication, pain medications and drugs, physical therapy, stretching and rest. On examination, there is positive facet loading of lumbar spine L3-4, 4-5 and L5-S1 facet joints with tenderness to palpation. Diagnoses include 1) dizziness, chronic 2) carpal tunnel syndrome 3) myalgia and myositis, unspecified 4) COAT 5) chronic pain due to trauma, chronic 6) arthropathy unspecified involving other unspecified sites, chronic 7) facet arthropathy 8) pain in thoracic spine 9) postconcussion syndrome 10) neck pain 11) headache 12) low back pain 13) vertigo 14) wrist joint pain 15) insomnia 16) spinal stenosis in cervical region 17) cervical degenerative disc disease 18) mononeuritis of upper limb, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms.The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical theapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The requesting physician reports that prior facet injections to these two specific levels gave a good 80% pain relief for about two months, allowing him to stand and sit longer, and to work on his car much more easily since stooping and bending and getting up erect were all easier. Pain medicines were not reduced due to pain in other areas. He continues to walk daily and to stretch on a daily basis. The claims administrator notes that since the injured worker had positive response to facet blocks performed previously, the next logical step is radiofrequency and repeat facet blocks would serve no identifiable purpose. The requesting physician in response reports requesting radiofrequency treatment, consistent with the recommendation of the claims administrator. Medical necessity for this request has not been established.The request for Facet Injection Lumbar is determined to not be medically necessary.