

Case Number:	CM14-0184464		
Date Assigned:	11/12/2014	Date of Injury:	05/19/2014
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation and 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:

The injured worker is a 64-year-old male who reported injury on 05/19/2014. The mechanism of injury was not submitted for review. The injured worker has diagnoses of herniated disc at T11-12, T12-L1, L1-2 with significant stenosis. Past medical treatments consist of physical therapy, surgery, injections and medication therapy. Medications consist of Norco, Flexeril and Aleve. There were no diagnostics submitted for review. On 10/27/2014, the injured worker complained of lumbar spine pain. Physical examination revealed some restriction on range of motion of the lumbosacral spine with muscle spasm and tenderness. Neurologically globally intact in lower extremities with patchy sensory changes. There were diminished reflexes. Straight leg raise test limited with back pain. Medical treatment plan is for the injured worker to undergo selective nerve root block bilaterally at T11, T12, T12-L1, L1-2. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block bilateral T11, T12, T12-L1, L1-L2: Upheld

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

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, Facet joint diagnostic blocks (injections)

Decision rationale: The request for selective nerve root block bilaterally at T11, T12, T12-L1, L1-2 is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques, such as facet injections are of questionable merit; however, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state that criteria for therapeutic facet joint injections include that there is no evidence of radicular pain, spinal stenosis or previous fusion: no more than 2 joint levels may be blocked at any 1 time: and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. In addition, the ODG defines facet originated pain as tenderness to palpation over the facets, normal sensory examination and normal straight leg raising exam. The submitted documentation lacked any indication of failed conservative care treatment. There was also no documentation showing the plan for additional activity based treatment following the requested injection. Furthermore, the injured worker's clinical presentation showed no radiating symptoms. Therefore, facet injections are not supported by the MTUS Guidelines. The injured worker had tenderness to palpation, but the report did not specify at what level of the spine. Additionally, there was no documentation of facet joint pain or increased pain with extension or loading of the facet joints to support the request for facet joint injection. Given the above, the injured worker is not within the guideline criteria. As such, the request is not medically necessary.