

Case Number:	CM14-0069701		
Date Assigned:	09/05/2014	Date of Injury:	06/03/2009
Decision Date:	03/05/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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. 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

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 50 year old female reportedly sustained a work related injury on June 3, 2009. Magnetic resonance imaging (MRI) in July 2009 revealed degenerative disc disease (DDD) of cervical and lumbar spine, mild osteoarthritis of left wrist no derangement of left shoulder. Diagnoses include chronic pain, cervical facet arthropathy, cervical and lumbar radiculopathy, myositis/myalgia, epicondylitis and cubital tunnel syndrome. Pain specialist visit dated April 9, 2014 provides the injured worker complains of pain in the neck radiating down left arm and low back, buttocks and left hip radiating down leg. The pain is rated 4/10 with medication, 6/10 with out and greatly improved since last visit. It is noted the injured worker had cervical epidural steroid injection on April 1, 2014 with 50-80% improvement in pain and functional improvement. There is reduced use of pain medication, improved mobility and sleep. He also reports use of home exercise. She is working with restrictions. Medications listed are Restone, Naproxen, Prilosec, Enovarx and Hydrocodone. On May 5, 2014 utilization review denied a request dated April 15, 2014 for lumbar facet blocks. Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Chapter Facet joint diagnostic blocks injections

Decision rationale: This patient presents with neck, left shoulder, and low back pain. The patient is status post cervical epidural steroid injection at C5-C7 from 04/01/2014. The patient is currently working. The treater is requesting LUMBAR FACET BLOCKS. The ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The 03/13/2014 report notes a diagnosis of lumbar radiculopathy. The 04/09/2014 report notes that the patient complains of low back pain radiating down the left lower extremity. His recent cervical epidural steroid injection from 04/01/2014 provided 50% to 80% overall improvement in her symptoms. There was tenderness noted upon palpation in the spinal vertebral at L4-S1 level. Range of motion of the lumbar spine was moderately limited secondary to pain. The treater references an MRI of the lumbar spine from 07/30/2009 that showed degenerative disk disease, no evidence of focal disk herniation or central canal narrowing. In this case, the ODG Guidelines do not support facet diagnostic evaluations for patients with radicular symptoms. The request IS NOT medically necessary.