

Case Number:	CM15-0004408		
Date Assigned:	01/15/2015	Date of Injury:	04/18/2002
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: Emergency Medicine

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 37 year old female, who sustained an industrial injury on 4/18/02. She has reported left forearm, left upper extremity pain radiating to bilateral shoulders and low back. The diagnoses have included lumbar disc displacement, thoracic/lumbosacral radiculopathy and lumbosacral spondylosis. Treatment to date has included medications, left subacromial bursa and glenohumeral joint, left shoulder arthroscopic surgery twice, right shoulder, and physical therapy. (MRI) magnetic resonance imaging of 8/31/14 revealed C2-C3, C3-C4 and C4-C5 trivial disc bulge. Currently, the IW complains of severe muscle spasm and headaches secondary to shoulder pain bilaterally. The exam of 12/11/14 of the left shoulder revealed tenderness in the anterior acromion, muscle spasm or bands over the trapezius muscle without radicular findings in the upper extremities and similar problems on the right to a lesser extent. She also complains of severe bilateral low back pain, worse on left with intermittent radiation to the left leg and this well controlled with Gabapentin. On 12/29/14 Utilization Review non-certified a diagnostic facet injection L4-L5 under fluoroscopic guidance and conscious sedation and diagnostic facet injection L5-S1 under fluoroscopic guidance and conscious sedation, noting it is not recommended for patients with low back pain that is non radicular, not recommended for more than one set of diagnostic medical branch nerve/facet injections and not recommended conscious sedation for diagnostic facet injections. The ODG was cited. On 1/6/15, the injured worker submitted an application for IMR for review of diagnostic facet injection L4-L5 under fluoroscopic guidance and conscious sedation and diagnostic facet injection L5-S1 under fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet injection at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Therapeutic Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint diagnostic blocks (injections)

Decision rationale: The requested facet injection is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has severe muscle spasm and headaches secondary to shoulder pain bilaterally. The treating physician has documented the left shoulder revealed tenderness in the anterior acromion, muscle spasm or bands over the trapezius muscle without radicular findings in the upper extremities and similar problems on the right to a lesser extent. She also complains of severe bilateral low back pain, worse on left with intermittent radiation to the left leg and this well controlled with Gabapentin. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, positive facet compression test nor facet arthropathy on imaging study. The criteria noted above not having been met, facet injection is not medically necessary.

Diagnostic facet injection at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Therapeutic Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint diagnostic blocks (injections)

Decision rationale: The requested facet injection is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has severe muscle spasm and headaches secondary to shoulder pain bilaterally. The treating physician has documented the left shoulder revealed tenderness in the

anterior acromion, muscle spasm or bands over the trapezius muscle without radicular findings in the upper extremities and similar problems on the right to a lesser extent. She also complains of severe bilateral low back pain, worse on left with intermittent radiation to the left leg and this well controlled with Gabapentin. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, positive facet compression test nor facet arthropathy on imaging study. The criteria noted above not having been met, facet injection is not medically necessary.