

Case Number:	CM15-0017279		
Date Assigned:	02/05/2015	Date of Injury:	05/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 5/22/14. The injured worker has complaints of cervical spine, thoracic spine, right shoulder, lumbar spine and hip pain. The documentation noted on the PR2 1/13/15, the injured worker presented ahead of her scheduled appointment for an increase in her low back pain. The diagnoses have included fall; neck sprain; head injury; thoracic back sprain; sprain lumbar region; back contusion; sprain of unspecified site of hip; sprain of unspecified site of shoulder and displacement of lumbar intervertebral disc. Treatment to date has included Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast 7/24/14 impression showed disc bulging at L2-3 and L3-4 with mild central canal stenosis, L4-5 left central disc protrusion with moderate central canal stenosis and impingement of the left L5 nerve root, moderate lumbar spondylosis; physical therapy services; facet injection on 11/3/14 with 100% benefit and no pain till 11/3/14 when she developed a sudden "snap" type pain in her low back; aqua therapy and medications. The documentation noted that on 11/3/14 she had twisted her sine and fell on a box on 11/3/14. The injured worker had returned back to work on 1/7/15, working two days per week. The documentation noted that she is to return to work on 1/13/15 with no repetitive bending, stooping or lifting, no lifting over 15 pounds, no lifting, pushing or pulling over 15 pounds. According to the utilization review performed on 1/19/15, the requested bilateral facet blocks at L4-5 and L5-S1 has been non-certified. CA, Chronic Pain MTUS, ACOEM and ODG were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet blocks at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Facet Joint Injections

Decision rationale: The patient presents with lumbar spine pain rated 6/10 described as a continuous spreading throb aggravated by movement and sitting. The patient's date of injury is 05/22/14. The patient is status post bilateral L4-L5/L5-S1 facet joint injection producing 80 percent pain reduction on 10/27/14. The request is for BILATERAL FACET BLOCKS AT L4-5 AND L5-S1. The RFA for this request is dated 01/14/15. Physical examination dated 12/03/14 reveals tenderness to the bilateral lumbar paraspinal muscles, lumbar facet tenderness at L4 through S1, positive lumbar facet loading, and negative straight leg raise bilaterally. Diagnostic imaging included lumbar MRI performed 07/24/14, significant findings include: Facet arthrosis at L4-S1. Disc bulging at L2-L3 and L3-L4 with mild central canal stenosis. L4-L5 left central disc protrusion with moderate central canal stenosis and impingement of the left L5 nerve root. Moderate lumbar spondylosis. The patient is currently prescribed Celebrex. Patient is classified as temporarily totally disabled if duty modifications are not available. Regarding facet block, ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG Guidelines, Low Back Chapter, under Facet Joint Injections, multiple series states: Not recommended. Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful -pain relief of at least 50% for a duration of at least 6 weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy -if the medial branch block is positive. There is no peer-reviewed literature to support a series of therapeutic fact blocks. In regards to the request for a two level repeat facet block for the management of this patient's chronic pain, a repeat block is not supported by guidelines. While progress note 12/03/14 does state that the patient experienced 80 percent reduction in pain lasting greater than six weeks, the next appropriate step would be to proceed to a medial branch diagnostic block and subsequent neurotomy - not a repeat facet block. Therefore, the request IS NOT medically necessary.