

Case Number:	CM15-0126497		
Date Assigned:	07/13/2015	Date of Injury:	09/27/2012
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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 41 year old male, who sustained an industrial injury on September 27, 2012, incurring low back and shoulder injuries. He was diagnosed with lumbosacral disc disease with radiculopathy, right shoulder sprain, right shoulder rotator cuff injury and tear, right shoulder internal derangement, adhesive capsulitis of the right shoulder and chest wall contusion. He underwent surgical right shoulder arthroscopic subacromial decompression and debridement in April, 2013. Treatment included steroid injections, facet injections, pain management, work restrictions and modifications. Currently, the injured worker complained of ongoing low back pain radiating into his buttocks and persistent right shoulder pain. The treatment plan that was requested for authorization included bilateral lumbar medial branch blocks, moderate sedation and fluoroscopy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 medial branch blocks, moderate sedation, fluoroscopy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, Facet joint injections, multiples series; facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with nerve impingement s/p epidural steroid injections and performed over 2 joint levels concurrently (L3, L4, L5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury of 2012. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L3, L4, L5 medial branch blocks, moderate sedation, fluoroscopy for the lumbar spine is not medically necessary and appropriate.