

Case Number:	CM15-0176799		
Date Assigned:	09/17/2015	Date of Injury:	06/10/2011
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 6-10-2011. He reported injuries to the head, neck, and low back from blunt trauma. Diagnoses include chronic lumbosacral sprain-strain with lumbar disc protrusion and chronic cervical sprain-strain with disc protrusion and intermittent cervical radiculitis. Treatments to date include activity modification and medication therapy. The medical records submitted indicated chiropractic therapy, physical therapy, and a lumbar epidural steroid injection had been request, however, the records did not indicate whether the treatments had been initiated. Currently, he complained of severe low back pain with radiation to the leg. On 8-11-15, the physical examination documented lumbar spine tenderness with positive straight leg raise. The plan of care included continuation of physical therapy, facet blocks, and Norco. The appeal requested authorization of facet blocks. The Utilization Review dated 8-24-15, denied the request stating "it is not clear which body part is to be injections. There is not adequate information about previous treatments and the response to them." Per the California ACOEM Guidelines Low Back Complaints, as referenced by California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, facet blocks are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical/lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured workers working diagnoses are chronic lumbosacral sprain and strain with lumbar disc protrusion; and chronic cervical sprain strain with cervical disc protrusion and intermittent cervical radiculopathy. Date of injury is June 10, 2011. Request for authorization is August 11, 2015. According to an August 11, 2015 progress note, subjectively the worker has back pain that radiates to the leg. Objectively there is lumbosacral tenderness with positive straight leg raising. There is no neurologic examination. The treating provider requested facet blocks. There are no requested levels documented in the record. The documentation is insufficient to render a decision for facet blocks. There is no neurologic evaluation and no documentation showing non-radicular pain. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation indicating what level of lumbar spine is to be injected, no documentation with a neurologic evaluation and no clinical indication or rationale for a facet block, facet blocks are not medically necessary.