

Case Number:	CM15-0097518		
Date Assigned:	05/28/2015	Date of Injury:	11/02/2005
Decision Date:	06/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 11/02/2006. Diagnoses include lumbar facet syndrome, chronic myofascial pain, lumbar disc syndrome, lumbar radiculopathy, cervical chronic sprain, cervical myofascitis, bilateral lateral epicondylitis, left trochanteric bursitis and bilateral carpal tunnel syndrome. Treatment to date has included medications including Motrin, Prilosec and Soma and lumbar epidural steroid injection (9/08/2014). Magnetic resonance imaging (MRI) of the lumbar spine dated 8/21/2009 was read as central disc protrusion at L4-5 disc space, moderate hypertrophic changes and lateral recess stenosis bilaterally, and L5-S1 posterior disc protrusion with no evidence of spinal stenosis. Per the Primary Treating Physician's Progress Report dated 10/23/2014, the injured worker reported approximately 50% improvement of her low back pain after an epidural steroid injection and significant of the left lower extremity pain. She also reported cervical pain. Physical examination of the cervical spine revealed tenderness with muscle spasms in the paracervical region on the left. There was decreased range of motion and cervical compression caused reproducing pain down the left upper extremity. There was tenderness of the left elbow at the lateral and epicondylar regions with Tinel's at the ulnar aspect. Low back examination revealed significant muscular tightness and spasms in the paraspinal region with limited range of motion upon flexion and extension with pain. The plan of care included continuation of medications, facet blocks and follow up care. Authorization was requested for a urine drug screen and bilateral lumbar facet blocks at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block Bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation and therefore the request is not medically necessary.