

Case Number:	CM15-0099259		
Date Assigned:	06/01/2015	Date of Injury:	05/23/2013
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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 54-year-old female, who sustained an industrial injury on 5/23/2013. Diagnoses include cervical sprain/strain, herniated nucleus pulposus of the lumbar spine, status post left knee arthroscopy, sprain/strain right knee, prior left tibial fracture, prior right shoulder Bristow procedure, 3-4mm disc bulges at C5-6 (per magnetic resonance imaging (MRI) dated 9/25/2014) and 3-4mm disc bulge at C6-7 (per MRI dated 9/25/2014), and lumbar facet arthropathy. Treatment to date has included medications including Norco and Soma. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported neck and upper back pain and occasional numbness and tingling in her right hand. She rates her pain as 7/10. She also reports low back pain rated as a 6/10 and left knee pain and swelling rated as 5- 6/10. Physical examination revealed increased low back pain with extension and rotation of the lumbar spine. There was tenderness to palpation over the lower lumbar facet joints. Ranges of motion of the lumbar and cervical spine were within normal limits. The plan of care included medications and consultations and authorization was requested for consultation with a pain management specialist and MBNB/lumbar facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBNB Lumbar facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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- Lumbar & Thoracic chapter, Facet Joint Medial Branch Block (Therapeutic Injections).

Decision rationale: The patient was injured on 05/23/13 and presents with neck pain, upper back pain, and numbness/tingling in the right hand. The request is for a MEDIAL BRANCH NERVE BLOCK LUMBAR FACET INJECTION (levels not indicated). There is no RFA provided and the patient is to remain off of work until 06/13/15. The 04/29/15 report states that the treater is requesting for a "pain management evaluation by [REDACTED] for possible diagnostic lumbar facet injections." Review of the reports provided does not indicate if the patient had a prior lumbar facet injection. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The patient has increased low back pain with extension/rotation of the lumbar spine and has tenderness over the lower lumbar facet joint. She is diagnosed with cervical sprain/strain, herniated nucleus pulposus of the lumbar spine, status post left knee arthroscopy, sprain/strain right knee, prior left tibial fracture, prior right shoulder Bristow procedure, 3-4mm disc bulges at C5-6 (per magnetic resonance imaging (MRI) dated 9/25/2014) and 3-4mm disc bulge at C6-7 (per MRI dated 9/25/2014), and lumbar facet arthropathy. In this case, the patient has not yet had the consultation for the lumbar facet injection and the patient does not present with localized lateralized pain as required by ODG guidelines. Furthermore, the levels of this injection are not specified. The requested lumbar facet injection IS NOT medically necessary.