

Case Number:	CM14-0156521		
Date Assigned:	09/26/2014	Date of Injury:	04/07/2008
Decision Date:	11/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported a cumulative trauma injury on 04/07/2008. The current diagnoses include muscle spasm, pain in joint of the shoulder, cervicgia, and drug dependence. The injured worker was evaluated on 09/02/2014 with complaints of axial low back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include physical therapy, medication management, TENS therapy, and a lumbar radiofrequency ablation. The current medication regimen includes naproxen, Topamax, tizanidine, Neurontin, Norco, Percocet, docusate, and omeprazole. Physical examination was not provided on that date. Treatment recommendations at that time included continuation of the current medication regimen and a facet joint injection. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 08/12/2014, which indicated multilevel facet arthropathy at L2-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-L3 Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There was no documentation of a physical examination on the requesting date of 09/02/2014. Therefore, there is no documentation of facet mediated pain. As such, the current request cannot be determined as medically appropriate at this time. Therefore the request is not medically necessary.

Left L2-L3 Medial Branch B Lock with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There was no documentation of a physical examination on the requesting date of 09/02/2014. Therefore, there is no documentation of facet mediated pain. As such, the current request cannot be determined as medically appropriate at this time. Therefore the request is not medically necessary.

Right L3-L4 Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There was no documentation of a physical examination on the requesting date of 09/02/2014. Therefore, there is no documentation of facet mediated pain. As such, the current

request cannot be determined as medically appropriate at this time. Therefore the request is not medically necessary.

Left L3-L4 Medial Branch Block with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There was no documentation of a physical examination on the requesting date of 09/02/2014. Therefore, there is no documentation of facet mediated pain. As such, the current request cannot be determined as medically appropriate at this time. Therefore the request is not medically necessary.

Moderate Sedation: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.