

Case Number:	CM14-0078795		
Date Assigned:	07/18/2014	Date of Injury:	06/29/2010
Decision Date:	09/15/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/29/2014

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. 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, Pain Management

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 47 year old male, who sustained an industrial injury on June 29, 2010. The injured worker was diagnosed as having cervical and lumbar disc displacement and facet syndrome. Treatment to date has included lumbar fusion, therapy and medication. A progress note dated February 19, 2014 provides the injured worker complains of epigastric pain. Physical exam notes tenderness to palpation of the extremities. The plan includes lab work and spine consultation regarding residual lumbar fusion pain. There is a request for lumbar hardware facet block injections. It appears the patient underwent a lumbar fusion at L4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Facet Block Injections L3, L4-L5 Levels Bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Updated 3/18/14), Hardware Injection (block).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, it is unclear what is being requested. If a hardware block is being requested, it is unclear why the L3 level is included, as the patient's fusion was at L4/5. If facet injections are being requested, it is unclear why the L4/5 level is being included, as this level appears to have been fused and guidelines do not support facet injections at previously fused levels. Additionally, it is unclear that solid fusion has been established, to eliminate that as a possible pain generator in the area described. In the absence of clarity regarding those issues, the currently requested facet injections are not medically necessary.