

Case Number:	CM13-0001500		
Date Assigned:	07/02/2014	Date of Injury:	01/24/2012
Decision Date:	07/30/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 53 year old male with a date of injury of 1/24/12. Subsequent to a fall off of a ladder he developed left upper extremity problems and low back pain. The low back pain has had a radicular component L>R. The initial MRI showed a right sided disc protrusion abutting the S1 nerve root, but the radicular symptoms were on the left side. Electrodiagnostics were consistent with a left L5 radiculopathy. Updated MRI scanning revealed bilater nerve root encroachment and updated repeat electrodiagnostics were consistent with a right L5,S1 radiculopathy (EMG changes only). Radicular symptoms L>R continue with symptoms of tingling/pins and needles as a significant component of the leg pain. Neurosurgical consult has requested left facet injections to differentiate between mechanical and discogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FACET BLOCKS AT L3-4 AND L5-S1 ON THE LEFT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Facet Blocks.

Decision rationale: MTUS Chronic Pain Guidelines do not address this issue. ODG Guidelines address this in significant detail. The U.R. denial appears consistent with Guidelines based on at least two issues: 1) The Guidelines are very clear that facet injections are not recommended in the presence of a radiculopathy. The patient continues to have significant signs and symptoms of a radiculopathy/radiculitis. 2) The request for the procedure is to differentiate a pain generator. Guidelines are very clear that facet injections do not have enough validity or accuracy for this purpose. Therefore, the request for 1 facet blocks at L3-4 and L5-S1 on the left side is not medically necessary and appropriate.