

Case Number:	CM13-0010717		
Date Assigned:	09/25/2013	Date of Injury:	03/29/2012
Decision Date:	01/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Patient is a 45-year-old female with a date of injury 3/29/12. The patient sustained injury while attempting to assist another patient with dementia, he injured his neck and both upper extremities, back, right shoulder, right hip, right leg and elbow. Patient had a diagnostic lumbar epidural steroid injection on 5/6/2013 and it reportedly decreased his pain from 10/10 to 6/10. MRI on 7/21/2013 showed multilevel disc desiccation with 2-3 mm annual bulge at L3-4, L4-5, L5-S1 with bilateral facet arthropathy and effusion. The patient had an ESI at the time of the first facet joint block. The request is for a second facet joint block, stating that the first block provided relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Lumbar Facet Joint Block L3-4 L4-5 L5-S1 Medical Branch Bilaterally:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-309.

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

Decision rationale: CA MTUS adopts ACOEM 2nd edition. The low back chapter of ACOEM does not recommend facet blocks stating they are of questionable merit. This patient had a facet block already, which showed a decrease in pain. However, the patient also did have an epidural steroid injection at the same time, which confounds the result. Because MTUS does not recommend facet block injections, this treatment is therefore not medically necessary.