

Case Number:	CM13-0016217		
Date Assigned:	11/06/2013	Date of Injury:	09/15/2011
Decision Date:	02/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 57-year-old male who reported an injury on 09/15/2011. The patient is currently diagnosed with chronic back pain; with left lower extremity radiculopathy status post left L3-4 and L4-5 microdiscectomy on 01/22/2012, and one (1) time seizure disorder secondary to medications. The patient was recently seen by [REDACTED] on 08/28/2013. The patient reported chronic low back pain with radiation. Physical examination revealed normal gait, tenderness in the midline lumbar spine and bilateral sacroiliac joints, and normal strength and sensation to bilateral lower extremities. Treatment recommendations included medial branch blocks and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4, L4-L5, and L5-S1 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation L3-L4, L4-L5, and L5-S1 facet block

Decision rationale: The Official Disability Guidelines indicate that clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to

patients with low back pain that is non-radicular and at no more than two (2) levels bilaterally. There should be documentation of a failure to respond to previous conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the clinical notes submitted, there is no documentation of facet mediated pain on physical examination. The patient continues to maintain a diagnosis of radiculopathy, and has responded well to epidural steroid injections in the past. Additionally, no more than two (2) joint levels are to be injected in one (1) session; therefore, the current request for facet blocks at L3-4, L4-5, and L5-S1 exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.