

Case Number:	CM13-0019039		
Date Assigned:	10/11/2013	Date of Injury:	06/29/2012
Decision Date:	03/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old male with date of injury of 06/29/2012. The listed diagnoses per [REDACTED], dated 07/31/2013, are severe central and foraminal stenosis from L3 through S1, intermittent neurogenic claudication, diabetes mellitus and current smoker. According to progress report dated 07/31/2013 by [REDACTED], the patient complains of back pain. He states that his radicular pain has improved. At this point, he cannot sit or stand more than a few minutes without being in severe and increasing pain. The physical examination shows severe tenderness to palpation in the low back region. Extension increases his pain. There is guarding with motion. Muscle strength examination shows weakness in both lower extremities, left greater than the right. Sensory exam is decreased in the non-dermatomal distribution. The provider is requesting a facet block injection for L1-L2, L2-L3, L3-L4, and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block injections, L1-2, L2-3, L3-4, L4-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Facet Joint Signs & Symptoms.

Decision rationale: The provider is requesting a facet block injection for L1-L2, L2-L3, L3-L4, and L4-L5. The utilization review dated 08/28/2013, denied the requests, stating that "the submitted documentation indicates that the claimant has a diagnosis of severe central and foraminal stenosis, which is usually an exclusion criterion for facet joint injections, and at the same time, 4-level facet joint injections are not supported by evidence-based guidelines." ODG Guidelines on Facet Block Injections states that "for the use of diagnostic block for facet-mediated pain states that no more than 2 facet joint levels are injected in 1 session." In this case, the provider is requesting 4 facet block injections. Furthermore, the patient has neurogenic claudication, or radiating leg symptoms. ODG guidelines preclude facet evaluation for those with radiating symptoms. Therefore, recommendation is for denial