

Case Number:	CM13-0019333		
Date Assigned:	10/11/2013	Date of Injury:	02/06/2011
Decision Date:	02/10/2014	UR Denial Date:	08/02/2013
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 & Rehabilitation 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 53-year-old female who reported an injury on 02/06/2011. The injury was noted to have occurred when she stepped backward at work, twisting her ankle, which caused her to fall backwards. She has been diagnosed with lumbar facet arthropathy and stenosis and L4-5 and L5-S1. Her symptoms were noted to include low back pain which radiates into her left buttock and left leg. Her physical examination findings included tenderness at the lumbosacral junction, positive straight leg raising on the left, and a normal neurological exam in the bilateral lower extremities. A recommendation was made for a trial of facet injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injections and medial bundle branch blocks at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections).

Decision rationale: According to ACOEM Guidelines, invasive techniques such as facet joint injections are of questionable merit; however, many pain physicians believe that diagnostic injections may have benefits in the transitional phase between acute and chronic pain. The Official Disability Guidelines specify that facet joint diagnostic blocks may be recommended for patients with low back pain that is non-radicular, with documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs, for at least 4 to 6 weeks prior to the procedure. The documentation submitted for review shows that the patient complains of low back pain with radiation into her left leg. Additionally, a 07/08/2013 office note states that the patient had completed 12 sessions of physical therapy and reported that her pain had improved significantly. As the clinical information submitted for review shows that the patient does complain of radicular pain, and she has reported significant improvement in physical therapy, the request is not supported