

Case Number:	CM13-0022243		
Date Assigned:	12/11/2013	Date of Injury:	04/28/2012
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46-year-old male who reported injury on 04/28/2012. The patient was noted to have previous physical therapy x24, back brace, medication, activity modification, chiropractic care, acupuncture care, and facet blocks. The patient was noted to have tenderness to palpation over the lower lumbar spine and lumbar facets. There was noted to be positive facet loading test. The straight leg raise was noted to be negative bilaterally. The patient was noted to have 5/5 strength and the deep tendon reflexes were noted to be 2+ along with grossly intact sensation to light touch throughout the lower extremities. The diagnoses were noted to include chronic lumbar strain/sprain and lumbar facet joint arthropathy. The patient reported functional improvement with physical therapy. The request was made for facet injections L4, L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections, L4, L5: Upheld

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

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 Chapter, Facet Injections, Online Version.

Decision rationale: CA MTUS and ACOEM Guidelines do not address criteria for facet injections. Official Disability Guidelines recommend the use of diagnostic blocks for facet mediated pain for patients with a clinical presentation of facet joint pain including tenderness to palpation in the paravertebral area, a normal sensory examination, the absence of radicular findings, and normal straight leg raise exam. Clinical documentation submitted for review met the above criteria. However, clinical documentation indicated the patient had previous facet blocks and the level was not provided. Additionally, it was indicated the request was for injections, with a lack of clarification as to whether injections meant one at L4 and one at L5 or more than one set. There would need to be a clarification prior the ability to certify. Given the above, the request for lumbar facet injections L4, L5 is not medically necessary.