

Case Number:	CM13-0022337		
Date Assigned:	11/13/2013	Date of Injury:	02/25/2003
Decision Date:	01/16/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain Medicine, and is licensed to practice in Oklahoma, Texas, and 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 62-year-old male who sustained a work-related injury on 2/25/03 after being involved in a motor vehicle accident. The clinical information documented prior bilateral shoulders and lumbar and cervical spine surgeries. The patient has been treated with epidural steroid injections, medication management, and surgery. The MRI dated 10/2/13 revealed laminectomy changes, bilateral facet hypertrophy, and moderate bilateral neural foraminal narrowing at L4-5 and L5-S1. The most recent progress report dated 9/24/13 documented complaints of low back pain with radiculopathy. Objective findings revealed exquisite pain on palpation of the L4-5 and L5-S1 facets. The treatment plan included continuation of aquatic therapy and a CT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

left L4-5 facet block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines, Low Back chapter - Facet Joint.

Decision rationale: The Official Disability Guidelines for facet injections indicate that there should be no evidence of radicular pain, spinal stenosis or previous fusion. The clinical information submitted for review documented complaints of back pain with radiation into the right lower extremity, and MRI findings of moderate bilateral neural foraminal narrowing at L4-5 and L5-S1. Additionally, the clinical information submitted for review indicated that the patient has undergone a prior anterior and posterior fusion of L4-5 and L5-S1. Given the documentation submitted for review and the Official Disability Guideline criteria for the requested service, the request is non-certified.

left L5-S1 facet block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines, Low Back chapter - Facet Joint.

Decision rationale: The Official Disability Guidelines for facet injections indicate that there should be no evidence of radicular pain, spinal stenosis or previous fusion. The clinical information submitted for review documented complaints of back pain with radiation into the right lower extremity, and MRI findings of moderate bilateral neural foraminal narrowing at L4-5 and L5-S1. Additionally, the clinical information submitted for review indicated that the patient has undergone a prior anterior and posterior fusion of L4-5 and L5-S1. Given the documentation submitted for review and the Official Disability Guideline criteria for the requested service, the request is non-certified.