

Case Number:	CM13-0024630		
Date Assigned:	11/20/2013	Date of Injury:	07/31/2012
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Management 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.

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 40-year-old female who reported an injury on 08/01/2012. The patient is currently diagnosed with degeneration of the lumbar disc. The patient was recently seen by [REDACTED] on 08/13/2013. The patient complained of lower back pain with right knee pain. Physical examination revealed tenderness in the paravertebral muscles of the lumbar spine, hypertonicity present on the right, tenderness at the right L4-5 and L5-S1 facet joints, positive Kemp's testing, diminished range of motion, and intact sensation. Treatment recommendations included a repeat series of facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar facet blocks right L4-L5 and L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

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 Joint Injections.

Decision rationale: Official Disability Guidelines state 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 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. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. As per the clinical notes submitted, the patient underwent right facet injections at L5-S1 and L4-5 on 06/12/2013. While it is stated that the patient received 100% improvement, documentation of functional improvement upon physical examination was not provided for review. The patient presented on 08/13/2013 with persistent complaints of low back and right knee pain. The patient also reported difficulty sleeping. There were no changes made to the patient's physical examination or subjective complaints from previous examinations that would indicate significant improvement. Furthermore, there is no documentation of a failure to respond to previous conservative treatment including home exercise, physical therapy, and NSAIDs. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.