

Case Number:	CM13-0024752		
Date Assigned:	12/18/2013	Date of Injury:	12/20/2012
Decision Date:	03/07/2014	UR Denial Date:	09/09/2013
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 Physical Medicine & 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 51-year-old female with date of injury on 12/20/2012. The progress report dated 09/05/2013 by [REDACTED] indicates that the patient's diagnoses include: 1) Spondylolisthesis, 2) Low back pain. The patient presented with low back pain. Physical exam findings included tenderness to palpation in the lumbar spine. Range of motion appeared to be normal with the patient being able to touch her toes and twist and extend normally. There is normal straight leg raise of both legs. Sensation was normal. The patient had normal gait. The treating physician indicates there were MRI findings of grade 1 spondylolisthesis of L5 on S1 with moderate left foraminal narrowing and probably mass effect on L5 nerve root. Request was made for a lumbar facet steroid injection. The utilization review letter dated 09/09/2013 issued non-certification of this request. ⚡

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar facet steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 injections.

Decision rationale: The patient presented with low back pain. MTUS is silent on facet joint injections. Therefore, ODG Guidelines were reviewed which states that there should be no evidence of radicular pain, spinal stenosis, or previous fusion as recommended criteria for use of therapeutic intraarticular and medial branch blocks. The progress report dated 07/22/2013 by [REDACTED] indicates that the patient was being seen for radiculopathy on the left lower extremity, has had two epidural steroid injections and would like to speak with the doctor regarding treatment options and if additional steroid injection would be recommended. It appears the patient reported that her first epidural injection seemed to help but the next one felt like it made things worse. The patient had reported low back pain and left lower extremity pain for a period of 6 months. The ODG Guidelines noted above do not support facet blocks for patients with radicular pain. Therefore, recommendation is for denial.