MAXIMUS Federal Services

Case Number:	CM13-0024958		
Date Assigned:	11/20/2013	Date of Injury:	10/16/2008
Decision Date:	03/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/17/2013

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 and 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 56-year-old male who reported an injury on 10/16/2008. The injury was noted to have occurred when a coworker fell on the patient and pinned him against a wall. The patient's diagnoses include lumbar facet arthropathy and lumbar spondylosis. His symptoms are noted to include back pain with no radiation to the lower extremities. His physical examination findings are noted to include pain with range of motion of the lumbar spine, tenderness to palpation at the lumbosacral junction and normal motor strength in the bilateral lower extremities. At his 08/02/2013 office visit, it was noted that the physician felt the patient's symptoms correspond with his facet disease. It was further noted that he has not exhausted conservative measures. Recommendations were made for a prescription for Motrin 600 mg every 6 hours as needed and physical therapy. His treatment plan was also noted to include a referral to Pain Management for facet injections to be performed if his other conservative measures were not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided facet 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 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, Facet joint diagnostic blocks (injections) & Facet joint pain, signs & symptoms.

Decision rationale: According to the Official Disability Guidelines, facet joint diagnostic blocks may be recommended for patients with a clinical presentation consistent with facet joint signs and symptoms which is noted as tenderness to palpation in the paravertebral areas over the facets, a normal sensory exam, absence of radicular findings, and normal straight leg raising exams. The clinical information submitted for review did not include physical examination findings of tenderness over the facet joints. Additionally, the criteria for facet joint diagnostic blocks include that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS for at least 4 to 6 weeks prior to the procedure. As the clinical information indicates that the patient had not yet failed physical therapy and NSAIDS at the time of the request, facet injections are not supported. The request for fluoroscopically guided facet injection is not medically necessary and appropriate.

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.