

Case Number:	CM13-0025097		
Date Assigned:	12/13/2013	Date of Injury:	09/06/2001
Decision Date:	02/11/2014	UR Denial Date:	09/10/2013
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 and has a subspecialty in Pain Management 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 62 year old female who reported a work-related injury on 09/06/2001, the mechanism of injury not specifically stated. The patient currently presents for treatment of the following diagnoses: herniated nucleolus pulsis lumbar and sciatica. The clinical note dated 08/29/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient had near 100% benefit in relief of low back pain, left hip, buttock, and leg pain following a therapeutic diagnostic block of the left L5-S1 facet. The patient continues to present with significant pain to the right hip to the right leg. Negative straight leg raise to the left. No sensory or motor deficit. Good range of motion with plantar flexion to the left. Slight decreased strength on flexion of the right foot, positive straight leg raise on the right at 80 degrees, slight numbness about the right S1 dermatomal distribution. The provider documented the patient had 100% benefit from the facet block on the left at L5-S1; however, continued symptomatology on the right has been unmasked by relief of symptoms on the left, and the patient would require a right L5-S1 therapeutic diagnostic facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 diagnostic facet block: Upheld

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

MAXIMUS 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient presented with significant facet mediated pain to warrant the requested injection. California MTUS/ACOEM indicates invasive techniques are of a questionable merit. Additionally, Official Disability Guidelines indicate this intervention is limited to patients with low back pain that is non-radicular in origin unless there is presence of facet joint pain signs and symptoms. The clinical notes document the patient presents with radicular symptomatology with positive straight leg raise, dysesthesias, and decreased motor strength about the right lower extremity. Given all of the above, the request for L5-S1 diagnostic facet block is not medically necessary or appropriate.