

Case Number:	CM13-0025309		
Date Assigned:	11/20/2013	Date of Injury:	01/10/2012
Decision Date:	08/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 injured worker is a 21-year-old gentleman who sustained a lumbar injury in a work-related motor vehicle accident on February 10, 2012. The records available for review include the report of an MRI scan dated February 2, 2013 identifying a central disc protrusion at the L5-S1 level with facet arthropathy at the L4-5 level. A March 3, 2014, progress report describes continued shoulder, neck and low back complaints. No physical examination findings specific to the low back were documented. Notes from an assessment dated December 6, 2013, also do not reference physical examination findings of the lumbar spine but provide a diagnosis of muscular ligamentous strain with bilateral lower extremity radiculitis, left greater than right, with described multi-level disc bulging and compressive findings. The records do not reference treatment with prior facet joint injections. This request is for facet joint injections at the L4-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

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

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Facet joint diagnostic blocks (injections).

Decision rationale: Based on MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for facet joint injections would not be indicated. Under the ACOEM Guidelines, the presence of radiculopathy would be a direct contraindication for medial branch blocks or facet joint injections. At the December 6, 2013, assessment, the injured worker was diagnosed with radiculitis to the lower extremities, greater on the left than on the right. This diagnosis, in concert with documentation of significant multi-level compressive findings and disc bulging and protrusions, does not adhere to guideline recommendations. As such, the request is not medically necessary.