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| Case Number: | CM13-0025816 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 02/14/2012 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 09/05/2013 |
| 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 Anesthesiology, has a subspecialty in PainMedicine 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 55 year old male whose date of injury is 02/14/12, when he fell backwards from a ladder with immediate onset of low back pain. He is diagnosed with lumbar radiculopathy with bilateral chronic nerve root irritation at L4-5 per EMG/NCV on 02/20/13; adjustment disorder with mixed anxiety and depressed mood. He complains of low back pain that radiates into the bilateral lower extremities. The current treatment to date has included lumbar brace; physical therapy; acupuncture; and epidural steroid injections without significant improvement. He has been prescribed medications including Norco and Cymbalta. The records reflect that the injured worker did well with facet joint injections done on 09/10/13 at bilateral L4-S1 with 60-70% improvement. Repeat injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTIONS AT L3-4, L4-5, AND L5-S1: 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, Facet joint diagnostic blocks (injections); Facet joint injections, multiple series.

Decision rationale: The Current evidence-based guidelines reflect that only one diagnostic facet/medial branch block is indicated for patients with low back pain that is non-radicular, and at no more than two levels bilaterally. The guidelines do not support the use of therapeutic/multiple facet injections. The injured worker has had a previous facet block at L4-5, L5-S1 and was noted to have had significant improvement with pain relief of 60-70%. As such, the diagnosis has been made and repeat injection is not warranted. Moreover, the request as submitted is for three levels of the lumbar spine. Based on the data submitted for review, the request is not medical necessary for bilateral lumbar facet injections at L3-4, L4-5, and L5-S1.