

Case Number:	CM13-0028010		
Date Assigned:	11/22/2013	Date of Injury:	06/06/2001
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Pain Medicine, and is licensed to practice in Ohio 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 an injury on 06/06/2001. The patient has been seen for ongoing complaints of low back pain, which was exacerbated in 08/2013. The patient has described her pain as stabbing and burning. The patient has been utilizing oral medications to help alleviate her pain. The patient underwent a right facet injection at the L5-S1, L4-5, and L3-4 levels on 09/13/2013. On her re-evaluation date of 10/17/2013, the patient stated that she received approximately 98% pain relief after her injection. She even discontinued the use of her oral medications she had previously been using for pain relief. She had also been able to sleep through the night, which had not been accomplished for many years. The patient was last evaluated on 11/14/2013 with complaints of low back pain again. The patient was noted as having decreased range of motion and stated she is back to taking her oral medication to include tramadol and gabapentin, but has not utilized the blinded cocktail since her last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks at L3-4, L4-5, L5-S1 on the right side: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 301.

Decision rationale: According to California MTUS/ACOEM, invasive techniques, for example local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Therefore, the code has been referred to in this case. Under the Official Disability Guidelines, there is minimal evidence for treatment with the use of facet joint medial branch blocks. Furthermore, facet joint branch blocks are not recommended except as a diagnostic tool. As noted in the documentation, the patient has already undergone right facet injections in the same locations being requested for this service. Therefore, the patient would have already gone through the diagnostic phase of facet joint blocks, which would indicate that the patient is now in the therapeutic phase. Therefore, in regard to the Official Disability Guidelines not recommending facet joint medial branch blocks as a therapeutic service/treatment, the requested service for facet blocks at L3-4, L4-5, L5-S1 on the right side do not meet Guideline criteria. As such, the requested service is non-certified.