

Case Number:	CM13-0029065		
Date Assigned:	11/01/2013	Date of Injury:	03/20/2013
Decision Date:	01/29/2014	UR Denial Date:	08/23/2013
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 Internal Medicine and is licensed to practice in District of Columbia and Maryland. 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:

██████████ is a 43 year old male who was evaluated for low back pain. Date of injury was March 20,2013. Mechanism of injury was low back pain that was sustained while doing a lifting exercise. His pain was described as a dull aching pain in low back that was worse with sitting, squatting, kneeling, pushing and pulling. He had no significant past history. His evaluation included Orthopedic evaluation and an MRI of the lumbar spine. MRI showed minimal disc bulges without other significant changes. His treatment included medications including Naproxen, Soma, Flexeril and Lidoderm patches. His treatment also included Physical therapy, Chiropractic therapy and TENS unit. On July 3, 2013 he was seen by the treating provider. He had continued pain in the lumbar spine. He noted being compliant with medications but complained of an upset stomach due to Naproxen. On examination he was noted to have pain and tenderness in the mid to distal lumbar segments. There was paravertebral muscle spasm. Standing flexion and extension were guarded and restricted. This was most pronounced on the right side, with standing extension and lateral side bending consistently reproducing the patient's symptomatology. There was referred pain in the superior gluteal region. This was consistent with lumbar facet arthropathy and reflexopathy. There was some S1 dysesthesia. The diagnosis included lumbar facet arthropathy/discopathy. Treatment plan included Chiropractic therapy, Physical therapy, medications including Naproxen, Flexeril, Tramadol, Zofran and Omeprazole. He was also referred to Pain management specialist for possible injection blocks at L4-5 and L5-S1 facet joints with rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L4-L5 and L5-S1 facet joint injections with rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

Decision rationale: In this particular scenario, the claimant has low back pain without significant radiculopathy or MRI findings. He has failed conservative therapy with Physical therapy and medications. He has not had diagnostic blocks which will confirm the diagnosis before therapeutic rhizotomy or facet joint injections. Hence, a request for facet joint injections and rhizotomy before diagnostic blocks is not medically necessary.