

Case Number:	CM13-0030295		
Date Assigned:	11/27/2013	Date of Injury:	09/15/2011
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury on September 15, 2011. Thus far, the applicant has been treated with analgesic medications, lumbar laminectomy/decompression surgery (October 22, 2012), epidural steroid injections (April 22, 2013), opioid analgesics, and extensive periods of time off from work due to temporary total disability. A progress note dated August 28, 2013 states that the applicant experiences persistent low back pain radiating into the left leg, and radicular symptoms have recurred. The applicant is on Naprosyn, Prilosec, Norco, and Flexeril. The applicant has tenderness about the SI joints and mid-line lumbar spine, and exhibits good strength and sensation about the lower extremities with a normal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

diagnostic lumbar facet block/medial branch block at L3-L4 and L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for the low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in Chapter 12 of the MTUS, facet joint injections, as a class, are "not recommended." The ACOEM tepidly endorses medial branch blocks on a diagnostic basis

as a precursor to performing rhizotomy/facet neurotomy procedures. In this case, however, the applicant's ongoing complaints of low back pain radiating into the left leg, dysesthesia about the left lower extremity, sciatic pain, and history of decompressive surgery call into the question the very diagnosis of facetogenic pain for which the diagnostic facet blocks have been ordered. Additionally, the ACOEM guidelines also state that diagnostic facet joint injections are not recommended for individuals with radicular pain syndromes. For these reasons, the request is not certified.