

Case Number:	CM13-0032192		
Date Assigned:	12/04/2013	Date of Injury:	01/04/2000
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Rehabilitation 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 patient is a 66 year old male who reported an injury on 01/04/2000. The mechanism of injury information was not provided in the medical record. The patient pertinent diagnoses included arthritis of the spine, sciatica, and diabetic neuropathy. The patient medication regimen included Gabapentin, Vicodin, Omeprazole, Lidoderm patches, and Tizanidine. Review of the medical record reported the patient is being seen for complaints of lumbar pain. The patient underwent right L3-4, L4-5, and L5-S1 facet injections on 05/28/2013. The clinical note dated 06/11/2013 reported 80% relief of lumbar pain. The most recent clinical documentation dated 11/15/2013 reported the patient complained of increased pain when getting out of bed, and doing chores. There is physician recommended the patient continue Belviq as directed to aid with weight loss which will in turn benefit his lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: California MTUS ACOEM states invasive techniques are of questionable merit. This includes local injections and facet injections. Facet injection treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The patient did have relief of pain for 2 months. On his clinical visit 08/6/2013 the patient requested another injection due to increased pain rated up to 8/10 to low back. There is no specific location identified as to where the requested service is to be performed. And if it's a repeat of the previous procedure Official Disability Guidelines recommend injections not be performed on 2 levels at any given time. The level(s) of the injection were not provided. Therefore, the request for lumbar facet block is non-certified.

Lumbar Sacral Orthopedic Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Physical Methods and Official Disability Guidelines (ODG), for Low Back regarding Lumbar Support

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, Lumbar supports

Decision rationale: California MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines states lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures, and documented instability. The patient has no documented instability that would require use of back support, and no objective clinical findings of compression fractures of the spine. As such the request for lumbar sacral orthopedic brace is non-certified.