

Case Number:	CM13-0033728		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2010
Decision Date:	03/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 04/08/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with backache and hand pain. The patient was seen by [REDACTED] on 09/05/2013. The patient reported ongoing lower back pain. Physical examination revealed restricted range of motion, palpable muscle spasm, positive facet loading maneuver, positive FABERE testing, and positive pelvic compression testing. Treatment recommendations included continuation of current medication and medial branch blocks at L3, L4, and L5 joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of right medial branch blocks at L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient's physical examination reveals decreased sensation in the lateral foot bilaterally, hyporeflexic deep tendon reflexes, and weakness. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is no documentation of this patient's active participation in a rehabilitation program. There is also no evidence of a recent failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Based on the clinical information received, the request is non-certified.