

Case Number:	CM13-0034679		
Date Assigned:	12/11/2013	Date of Injury:	08/14/2012
Decision Date:	02/03/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 42-year-old female who reported a work-related injury on 08/14/2012. The mechanism of injury was noted as a slip and fall in which the patient sustained injuries to her right knee, right hip and low back. The patient has undergone conservative treatment to include medications, physical therapy, chiropractic treatment, activity restrictions and other modalities. The patient has been returned to regular work duties and is reported to be tolerating this level of activity. A request has been made for bilateral L3-5 facet block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 Facet Block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.
Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The California Medical Treatment Guidelines state that facet joint injections are not recommended due to limited research-based evidence. The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks for facet-mediated pain include

documentation of the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The recent clinical documentation submitted for review noted that physical exam of the lumbar spine revealed a positive straight leg raise at 70 degrees from the seated position. The criteria for facet joint injections include a normal straight leg raise exam. Furthermore, the patient's treatment plan was noted to include trigger point injections times 2 of the lumbar spine, and the patient was to restart chiropractic treatment for the lower back and the right hip. The patient was also recommended for a TENS unit for home therapy purposes for the chronic low back pain. Per the clinical documentation, the patient was not noted to have failed conservative treatment as of yet. In addition, the patient was reported to be tolerating regular work duties. There was a lack of significant functional deficits noted to warrant a facet injection for the patient. Furthermore, facet joint diagnostic blocks are recommended prior to facet neurotomy. There was no documentation stating that the treatment plan for the patient included facet neurotomy. Given the above, the request for a bilateral L3-5 facet block injection is non-certified.