

Case Number:	CM13-0036409		
Date Assigned:	12/13/2013	Date of Injury:	08/04/2000
Decision Date:	02/13/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 and 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 47-year-old female who reported an injury on August 04, 2000. The patient is currently diagnosed with facet syndrome, neck pain, chronic pain, joint pain in the shoulder, general osteoarthritis, acromioclavicular arthritis, and brachial neuritis. The patient was recently seen by [REDACTED] on September 18, 2013. Physical examination revealed pain full lumbar range of motion, overlying spasm, and intact sensation. It is noted that the patient is pending authorization for medial branch blocks. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Injection, L2 through L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in

the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient's physical examination only revealed painful range of motion with spasm. There was no documentation of facet mediated pain. There were also no imaging studies provided for review to corroborate a diagnosis of facet abnormality. There is no evidence of a recent failure to respond to conservative treatment. Additionally, the current request for facet injections at L2-3, L3-4, L4-5, and L5-S1 exceeds guideline recommendations. Based on the clinical information received, the request is not medically necessary and appropriate.