

Case Number:	CM13-0036768		
Date Assigned:	12/13/2013	Date of Injury:	10/21/2004
Decision Date:	02/18/2014	UR Denial Date:	10/09/2013
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 Physical Medicine & 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 63-year-old male who reported an injury on 08/03/2010. The patient is currently diagnosed with back pain. The patient was recently seen by [REDACTED] on 10/04/2013. Physical examination was not provided. Treatment recommendations included authorization for facet nerve ablation with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4, L4-L5 and L5-S1 facet block injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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: 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. Official Disability Guidelines state facet joint injections are limited to patients with low back pain that is non-radicular and at no more

than 2 levels bilaterally. As per the clinical notes submitted, there is no evidence of a recent failure to respond to conservative treatment, including home exercise, physical therapy, and NSAIDs. There is no evidence of a physical examination on the requesting date by the requesting physician. Additionally, the patient underwent an MRI of the lumbar spine on 05/13/2013, which did not indicate facet abnormality at L3-4, L4-5, or L5-S1. The medical necessity for the requested procedure has not been established. Furthermore, the current request for bilateral facet block injections at 3 separate levels exceeds guideline recommendations. The request is non-certified.