

Case Number:	CM13-0039367		
Date Assigned:	12/18/2013	Date of Injury:	02/24/2010
Decision Date:	04/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 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:

This is a 49 year old gentleman who sustained an injury to the lumbar spine in a workrelated accident on 2/24/10. The clinical records provided for review included a 9/9/13 progress report documented current complaints of low back pain as well as bilateral leg pain described as constant in nature. The physician documented that the patient underwent a recent epidural steroid injection on 08/19/13 that did not provide any significant relief. Physical examination revealed restricted range of motion with 5/5 motor strength, positive bilateral straight leg raise, and tenderness noted over the sacroiliac joint. The patient was diagnosed with moderate degenerative disc disease at L3-4 and L5-S1 with facet syndrome. Based on continued complaints of pain, a twolevel L3-4 and L5-S1 facet joint medial branch block was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch blocks for the L5-S1 and L3-4 facets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in

Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the request for the bilateral facet joint injections at the L5-S1 and L3-4 levels would not be indicated. The clinical records available for review indicate the claimant has radicular complaints of bilateral lower extremity pain with positive tension root signs on examination. The presence of a radicular process is a direct contraindication to facet joint injections. Given the claimant's clinical history, physical examination, and clinical presentation, the request for the above-mentioned procedure cannot be recommended as medically necessary.