

Case Number:	CM13-0040413		
Date Assigned:	12/20/2013	Date of Injury:	12/24/2010
Decision Date:	03/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, 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:

██████████ is a 49 year old woman who sustained a work related injury on December 24 2010. Subsequently he developed low back pain radiating to lower extremity. According to a progress note dated on March 4 2013, the patient was complaining of back pain, bilateral shoulder pain, anxiety, depression, difficulty with sleeping, sexual dysfunction and headaches. Physical examination demonstrated cervical paraspinal spasm and reduced range of motion of the lumbar spine. There is a decreased patella and Achilles reflexes in the right lower extremity, decreased sensation in bilateral L5 distribution and weakness in L5-S1 distribution Her MRI of the lumbar spine performed on February 18 2013, showed L3-4 and L4-5 facet hypertrophy. The patient was treated with Norco, Anaprox and lumbar point injection. The patient was diagnosed with lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular facet joint injection at bilateral L3-4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300and the Facet joint intra-articular injections (therapeutic blocks). Decision based on

Non-MTUS Citation

(http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)

Decision rationale: The MTUS/ACOEM Guidelines indicate that invasive techniques, such as local injections and facet-joint injections of cortisone and Lidocaine are of questionable merit. The Official Disability Guidelines indicate that facets injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. The guidelines also indicate that there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. The medical records provided for review do not show a clear formal plan of additional activity and exercise in addition to facet injection. Therefore the request does not meet guideline criteria.