

Case Number:	CM13-0041088		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2012
Decision Date:	02/19/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/01/2013

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 42-year-old female who reported an injury on 08/14/2012. The mechanism of injury was a fall. The patient has received multiple treatments since her original injury. An EMG/NCV of her bilateral lower extremities performed on 10/29/2012 did not confirm the presence of any lumbar radiculopathy. MRI of the lumbar spine performed on 11/08/2012 reported mild multilevel disc disease with annular tears but no central canal or neural foraminal stenosis, and no evidence of facet arthropathy. The patient is reported to have received successful relief from chiropractic care; however, no chiropractic notes were included for review. An updated MRI performed on 08/10/2013 of the lumbar spine reported L4-5 disc protrusion with narrowing and effacement of the left and right L5 transiting nerve roots, bilateral neural foraminal stenosis that encroaches on the right L4 exiting nerve root, and an L5-S1 disc protrusion resulting in the narrowing of the left neural foramen encroaching on the left L5 nerve root. The patient was more recently issued a TENS unit for home therapy; however, it is unclear if this has been successful in relieving any pain. The patient is currently rating her pain at a level of 7/10 or 8/10, and is still working regular duties.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not recommend the use of facet block injections as there is limited research based evidence supporting their efficacy in treating lumbar spine pain. Facet joint injections are not recommended for the treatment of low back disorders; however, they are useful if surgical intervention, i.e. radiofrequency neurotomy, is anticipated. Although the patient does complain and exhibit symptoms of facet pain, there is no discussion of a possible radiofrequency ablation. As such, the request for bilateral L3-L5 facet block injection is non-certified.