

Case Number:	CM13-0044363		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2012
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 49 year old male with a date of injury of 08/18/2012. The listed diagnoses per [REDACTED] are: Lumbar strain with disc bulge at L3-L4 and L4-L5 L4-5 degenerative disc disease with bilateral neuroforaminal stenosis Right leg radiating pain. According to report dated 10/04/2013 by [REDACTED], the patient presents with continued low back pain that radiates into his left leg. Straight leg raise is mildly positive on the right at 70 degrees and negative on the left. He also has numbness and tingling in the leg. Treater states patient has spondylolisthesis with some mild radicular symptoms and some right leg radicular pain. The patient at his time would like to continue conservative treatment and referral is made for lumbar facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 FACET JOINT INJECTION FOR LUMBAR/SACRAL WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: This patient presents with continued low back pain that radiates into his left leg. The treater is requesting a L4-L5 facet joint injection. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. As medical records document, this patient has radicular pain and positive straight leg raise on examination. ODG supports facet injections in patient that have non-radicular symptoms only. Recommendation is for denial.