

Case Number:	CM13-0044865		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	06/13/2014	UR Denial Date:	10/01/2013
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 Family Medicine, and is licensed to practice in Arizona. 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 25 year old male with a date of injury on 12/07/2012. Subjective complaints are of low back pain which extends down the right lower extremity. Physical examination revealed tenderness about the lumbar paraspinal muscles, decreased sensation over the L4, L5 and S1 dermatome, decreased lumbar range of motion. Straight leg-raising was positive on the right and negative on the left with numbness of the right foot. There was normal motor strength. The diagnosis was right leg radiculopathy; L4-5 stenosis. The patient underwent right-sided L4-5 selective right facet joint injections that provided no benefit and initially increased the pain. A request was made to proceed with a second right facet joint injection at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDED FACET BLOCK AT THE L4-5 LEVEL: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG indicate that facet joint pathology may be present if there is: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. For this patient, physical findings demonstrate sensory abnormalities, and a positive straight leg raise test. These findings are inconsistent with a diagnosis of facet joint mediated pain. Therefore, the request is not medically necessary and appropriate.