

Case Number:	CM13-0045429		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2012
Decision Date:	05/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker is a 44 year old female claimant with an original date of injury of November 18, 2012. The mechanism of injury occurred when the claimant was struck by a swinging door which knocked her to the floor and injured her low back. The claimant was afforded multiple sessions of Physical therapy and medication management. The claimant has undergone ElectroDiagnostic studies which revealed no evidence of any radiculopathy. Given the persistence of pain, the claimant was referred for pain management reevaluation. The exam of Sept. 30, 2013 documents tenderness over the lumbar facet regions. There is a request for facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR FACET BLOCK AT L4-L5 AND L5-S1 MEDIAL BRANCH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections.

Decision rationale: In the case of this injured worker, there are 2 factors that render this request not medically appropriate at this time. The first issue is that physical examination on September

30, 2013 documents positive straight leg raise, suggesting lumbar radiculopathy. The guidelines specifically state that lumbar radiculopathy should be addressed first, and absence of radicular symptoms is a prerequisite for facet injections. The second issue is the manner in which this request was made. Either the requesting physician should target the medial branches for neural blockade in which case this is a diagnostic block, or the request should state the intention is to inject intra-articularly into the facet joint, which would constitute a therapeutic block. As stated, the request is unclear. Therefore the right lumbar facet block at L4-L5 and L5-S1 medial branch is not medically necessary and appropriate.