

Case Number:	CM13-0048319		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2012
Decision Date:	03/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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, 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 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 in this case appears to be in the chronic phase of pain, as opposed to a transitional phase. The facet injection was performed on October 24, 2013 according to the procedure report. The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. The guidelines state that facet injections are not recommended based on limited research-based evidence of efficacy. Given these guidelines, the request for facet injections is recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second diagnostic lumbar epidural steroid injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient underwent a diagnostic lumbar epidural steroid injection on September 10, 2013. The following progress note on October 7, 2013 documented a pain score of 7-8/10 with constant back pain radiating to the bilateral lower extremities. Another section of

this same progress note documents a reduction in pain from 9 out of 10 to 8-9/10. Either way, there was no documentation of functional improvement. Given that the requisite criteria that a second block is not recommended if there is inadequate response to the first block, this request is recommended for non-certification.

A lumbar facet block at medial branch levels L3-4, L4-5 and L5-S1 bilaterally: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient in this case appears to be in the chronic phase of pain, as opposed to a transitional phase. The facet injection was performed on October 24, 2013 according to the procedure report. The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. The guidelines state that facet injections are not recommended based on limited research-based evidence of efficacy. Given these guidelines, the request for facet injections is recommended for non-certification.