

Case Number:	CM13-0048396		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2009
Decision Date:	04/02/2014	UR Denial Date:	10/28/2013
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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 04/18/09. A progress report on 10/16/13 was reported to show ongoing low back pain with radiation into the right leg. There was associated tenderness to palpation and a positive straight leg-raising test. Reflexes were intact. Follow-up visit on 11/05/13 had not changed. Strength was described as "decreased" in both lower extremities. MRI on 04/01/13 showed bilateral multilevel foraminal narrowing. Diagnoses included back pain, lumbar. Treatment has included a bilateral therapeutic facet blocks at L4-5 and L5-S1 on 04/18/12 as well as oral analgesics. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "bilateral L4-5 L5-S1 lumbar facet block".

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L4-5 and L5-S1 lumbar facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 300-301,309.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." They further state: "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." Similarly, there is no quality literature that radiofrequency neurotomy provides good temporary relief of pain. The request for a bilateral L4-5 and L5-S1 lumbar facet block is not medically necessary or appropriate.