

Case Number:	CM13-0048648		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2001
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, Florida, and Washington, DC. 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 52-year-old male sustained a work-related injury on 2/28/01. The mechanism of injury was not described. The injured worker had had a L4-5 fusion before his injury. He was last seen on 10/16/13 with an extreme amount of low back pain that radiated into the bilateral legs. His functionality was impaired by 50%. Physical examination showed facet loading maneuvers positive. The diagnoses were acute exacerbation of lumbar facet pain, axial low back pain, myofascial pain, lumbar spondylosis, and chronic pain syndrome. Recommendation was for bilateral L3 and L4 facet blocks. The lumbar spine MRI from 8/20/13 showed postsurgical changes at L4-5, and disc desiccation at L3-4 and L5-S1. `

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral L3 and L4 facet block injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: In this case, the patient has a low back pain. The pain is referred into the bilateral lower extremities. The treatments tried and failed are not described. The guidelines do not recommend this procedure for radicular pain. In addition, there is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Thus, the request is not certified.