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| Case Number: | CM13-0052042 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 12/02/2003 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 retired 63 year old male who was injured on 12/2/2013. The diagnoses listed are cervicalgia, headache, knee pain and low back pain. The radiological tests are significant for degenerative disc disease of the lumbar and cervical spines and multilevel facet degeneration. A 2011 lumbar epidural steroid injection had provided an 80 % reduction in pain for more than one year. But multiple lumbar facet injections in 2012 and 2013 had provided only a maximum of 60% reduction in pain for 3 weeks. On 10/9/2013, [REDACTED] noted that the low back pain was radiating down the lower extremities. There was associated numbness and tingling sensation. The current medications listed are tramadol and Neurontin 300mg for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT AND LEFT L3, L4 AND L5 MEDIAL BRANCH BLOCKS X2 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Block Section.

Decision rationale: The Official Disability Guidelines (ODG) guidelines recommend that diagnostic or therapeutic facet injections could be beneficial for patients who have failed conservative treatments with physical therapy and medications management. The diagnostic criteria for facet syndrome include the absence of radicular symptoms and signs and presence of facet related symptoms with facet region tenderness. The radiographic evidence should be consistent with facet related pathology but exclude spinal stenosis, prior fusion surgery or other radicular causes of low back pain. This patient have significant subjective and objective findings of lumbar radiculopathy. A prior lumabr epidural steroid injection resulted in sustained significant pain relief while prior facet injections did not produce sustained pain reduction. The dosage of Neurontin have not been optimized. The request is not medically necessary or appropriate.