

Case Number:	CM13-0053377		
Date Assigned:	12/30/2013	Date of Injury:	09/02/2006
Decision Date:	04/25/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 40-year-old male with a date of injury September 2, 2006. He slipped and fell on a rock. He has chronic low back pain. The patient had a previous facet injection in October 2012. Physical examination reveals limited range of motion spine motion and pain with lumbar spine motion. There is tenderness to palpation lumbar paraspinals on the left. Patient has sensory deficits over the lateral shin on the left side. The patient continues to take medications. He continues to have chronic back pain. At issue is whether facet injections of the left L4-5 and L5 S1 are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK INJECTIONS TO THE LEFT L4-5, L5-S1 LEVELS UNDER FLUOROSCOPIC GUIDANCE WITH SEDATION WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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.

Decision rationale: This patient does not meet established criteria for repeat facet injection treatment. Specifically, the medical records do not document a positive response to the previous facet injection therapy. The results of the previous facet injection therapy or not included in the medical records. In addition, the patient's physical examination does not document findings of facet tenderness. Criteria for left L4-5 and L5-S1 facet injection treatment are not met. More documentation in the medical records is required at this time. It is unclear as to the results of the patient's previous facet injection and physical examination is not document facet tenderness. Therefore, facet block injections to the left L4-5, L5-S1 levels are not medically necessary or appropriate.