

Case Number:	CM13-0054714		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2011
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 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 injured worker is a 46-year-old female who reported an injury on 08/31/2011. The mechanism of injury was not provided. Current diagnoses include significant lower back pain, severe foot drop, and status post recent fall. The injured worker was evaluated on 10/31/2013. The injured worker reported severe lower back pain with radiation to the right lower extremity. Physical examination revealed significant difficulty with dorsiflexion of the right ankle and 4/5 strength. Treatment recommendations included an L5 nerve root block on the right as well as a facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5 SNRB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the

documentation submitted, there was no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is also no documentation of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Based on the aforementioned points, the injured worker does not appear to meet criteria for the requested service. As such, the request is non-certified.

RIGHT L4-L5 FACET JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCK

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, there is no evidence of facet joint pain upon physical examination. There is also no evidence of a failure to respond to conservative treatment including home exercise, physical therapy, and NSAIDs. Furthermore, Official Disability Guidelines state facet joint injections are limited to patients with low back pain that is non-radicular. Based on the aforementioned points, the injured worker does not meet criteria for the requested service. As such, the request is non-certified.