

Case Number:	CM13-0055466		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2002
Decision Date:	03/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 50 year old male who reported a work related injury on 08/14/2002. The mechanism of injury was reported as a result of getting in and out of the police vehicle while wearing a ballistic vest and a gun belt. The patient was noted to have chronic low back pain with no pain level or frequency of pain provided in the medical record. The physical exam noted no apparent distress. Maximum medical improvement was rated as 8% on the office visit dated 10/1/2014. The patient diagnosis was lower back pain with left side radiating pain. The plan for treatment includes facet joint injections/lumbar. The patient is noted to not take medications at the time of the visit for pain. The office visit discussed an MRI from 09/20/2013 that showed mild central canal stenosis with mild central disc extrusion which is new compared to the MRI from 2005 with bilateral neural foraminal stenosis is mild to moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 facet joint injection QTY: 2.00: Upheld

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

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), Section Low Back, Facet joint medial branch blocks.

Decision rationale: The request for the bilateral L4-L5 facet joint injection is non-certified. The employee reports chronic low back pain with no documentation of therapy, medications, or conservative care that has failed. The office visit refers to an MRI but no MRI was sent with the medical records. The ACOEM indicates that facet injections are of questionable merit. The Official Disability Guidelines indicate that there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and there is the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, and if a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. The medical documentation showed no signs and symptoms of facet pain, conservative failed care, the use of any exercise or medications or their ineffectiveness. Therefore, the request for the bilateral L4-L5 facet injections QTY:2 are non-certified.