

Case Number:	CM13-0056493		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2012
Decision Date:	07/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Geriatrics 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 injured worker is a man with a date of injury of 9/25/12. He was seen by his physician who requested bilateral L4 and L5 facet block injections on 11/1/13. The most recent note is from a visit on 9/20/13. He was status post bilateral L5 steroid injections in 2/13. He continued to have low back pain. He also underwent 12 chiropractic sessions. His physical exam showed a non-antalgic gait. He had pain with lumbar extension and right lateral rotation. He had bilateral positive slumps testing and decreased sensation to light touch in the medial and lateral calf. His EHL was weak bilaterally at 4/5 and he had positive Gaenslen's testing bilaterally. An MRI of 11/12 showed poorly defined facet joints at L5-S1 and L4-5 and L3-4 showed facet changes and hypertrophic facet changes posteriorly. His diagnoses were bilateral L4 ad L5 facet pain, lumbar spondylosis without myelopathy, bilateral L5 vs. S1 radiculopathy, axial low back pain and myofascial pain syndrome. At issue in this review are facet block injections bilateral to L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK INJECTION, BILATERAL L4 AND L5: Upheld

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

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

Decision rationale: According to the ACOEM Guidelines, facet joint injections are of questionable merit in treating low back pain. Though the history and exam do suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, or medications. Additionally, epidural injections have already been provided in the past with only minimal improvement in his symptoms and the imaging studies that the request is based on are from 2012. The records do not substantiate the medical necessity of a bilateral facet block injections at L4-5.