

Case Number:	CM13-0064009		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2004
Decision Date:	04/18/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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, 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 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 62-year-old female who reported an injury on 07/10/2004. The mechanism of injury was not provided. The note dated 11/07/2013 indicated the patient had had epidural injections that did not help her pain. It is noted the physician documented the only thing that really has helped the patient's pain in the past had been facet blocks. On examination of the lumbar spine, there were spasms. Range of motion was flexion at 40 degrees and extension at 10 degrees, both causing low back pain. The straight leg raise was negative. Ankle dorsiflexors and plantar flexors were 5/5, quadriceps was 5/5, and iliopsoas were 5/5. The diagnosis provided was facet arthritis, at L4-5 and L5-S1. The treatment plan included recommendation for right and left facet blocks at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION RIGHT AND LEFT FACET BLOCKS AT L4-5 & L5-S1, LUMBAR SPINE:
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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks (Therapeutic Injections)

Decision rationale: The California MTUS/ACOEM states invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. More specific, the Official Disability Guidelines state that facet joint medial branch blocks (therapeutic injections) are not recommended except for as a diagnostic tool. The records submitted for review included documentation that the only thing that has helped the patient's pain in the past had been facet blocks. However, the Official Disability Guidelines only recommend facet joint medial branch blocks (therapeutic injections) as a diagnostic tool. The request for injection right and left facet blocks at L4-5 & L5-S1, for the lumbar spine is not medically necessary and appropriate.