

Case Number:	CM13-0064887		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2004
Decision Date:	04/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery and is licensed to practice in 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 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 an injury on 10/04/2004. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar disc displacement without myelopathy and spinal stenosis. The patient was seen on 11/06/2013. The patient reported persistent severe lower back pain. Physical examination revealed intact sensation to bilateral lower extremities, negative straight leg raising, spasm with guarding, and increased pain with range of motion of the lumbar spine. Treatment recommendations included bilateral lumbar facet nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 BILATERAL LUMBAR FACET NERVE BLOCK AT L4 AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 301. 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 mediated pain upon physical examination. There is no documentation of a recent failure of conservative treatment including home exercise, physical therapy and NSAIDs. The patient has previously reported greater than 50% relief with epidural steroid injections. Guidelines further state facet joint injections are limited to patient with low back pain that is non-radicular. Based on the clinical information received, the patient does not appear to meet criteria for the requested procedure. As such, the request is non-certified.

PROSPECTIVE REQUEST FOR FLUOROSCOPIC GUIDANCE: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 301. Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: As the patient's requested procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

PROSPECTIVE REQUEST FOR IV SEDATION: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 301. Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: As the patient's requested procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.