MAXIMUS Federal Services

Case Number:	CM13-0067397		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2011
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 08/22/2011, after lifting a heavy object, which reportedly caused injury to the injured worker's low back, mid-back, upper back, and right upper extremity. The injured worker underwent an MRI of the lumbar spine on 03/07/2013. It was documented that the injured worker had multilevel disc protrusions with nerve root impingement at the L3-4 and L4-5 levels. The injured worker was evaluated on 11/13/2013. It was documented that she had continued upper back and low back pain complaints. Objective physical findings of the lumbar spine documented that the injured worker had a positive bilateral straight leg raising test and sensory deficits corresponding with the L2, L3, L4, and L5 distributions. The clinical findings included tenderness to palpation of the facet joints at the L3-4, L4-5, and L5-S1 bilaterally. The injured worker's diagnoses included displacement of the lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbar facet syndrome, headaches, dizziness and giddiness, cervical facet joint hypertrophy, and lumbar facet joint hypertrophy. A treatment recommendation was made for lumbar facet joint blocks at the L3-4, L4-5, and L5-S1 bilaterally to determine the appropriateness of proceeding with a facet rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET JOINT BLOCK INJECTIONI L3-L4, L4-5 AND L5-S1 BILATERAL:
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, Facet Injections, (Diagnostic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested lumbar facet joint injection at the L3-4, L4-5, and L5-S1 bilaterally is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address diagnostic facet injections. Official Disability Guidelines recommend facet joint blocks for diagnostic purposes for patients with documentation of well-documented facet-mediated pain that has been recalcitrant to conservative measures, and there are not documented findings of radiculopathy. The clinical documentation submitted for review does indicate that the injured worker had well-documented findings of radiculopathy supported by an imaging study that does provide evidence of nerve root involvement. As there is well-documented radiculopathy, a facet injection would not be indicated for this injured worker. As such, the requested lumbar facet joint block injections at the L3-4, L4-5, and L5-S1 bilaterally are not medically necessary or appropriate.