

Case Number:	CM13-0070865		
Date Assigned:	01/08/2014	Date of Injury:	10/28/1996
Decision Date:	04/15/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Neurology and is licensed to practice in Arizona. 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 64-year-old male, injured worker, with date of injury on 10/28/96. The mechanism of injury is described as lifting garbage cans and sustaining an injury to the low back and right hip. He has undergone significant treatment including facet nerve blocks. He was seen by the physician on 12/2/13 when repeat injections, facet blocks at T11-12, T12-L1 and L1-L2 bilaterally was requested to provide greater pain relief. The patient was also on intrathecal and oral opiates and stable. The medical reviewer on 12/20/13 did not consider these medically necessary. The official disability guidelines do not support repeat injections. Another review has been requested for consideration of the same procedure consisting of facet blocks at T 11-12, T12-L1 and L1-L2.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET JOINT INJECTION TIMES ONE (1) AT LEVELS T11-T12, T12-L1, L1-L2 IS: 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 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS and official disability guidelines state one set of diagnostic medial blocks is required with the response rate greater than 70%, limited to patients with low back pain which is non-radicular and no more than 2 levels bilaterally. Clinical presentation should be consistent with facet joint pain, signs and symptoms. Thoracic facet joint injections are not recommended.