

Case Number:	CM13-0072030		
Date Assigned:	01/17/2014	Date of Injury:	10/15/2010
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 54-year-old male who reported an injury on 10/15/2010, while pushing a file cabinet. Current diagnoses include lumbar postlaminectomy syndrome, GERD, and adhesive capsulitis of the left shoulder. The injured worker was evaluated on 12/17/2013. The injured worker reported persistent lower back pain, leg pain, and shoulder pain. The injured worker has been previously treated with an epidural steroid injection, physical therapy, a home exercise program, acupuncture, and biofeedback therapy. The injured worker also underwent a left L5 hemilaminectomy and L5-S1 discectomy in 10/2012. Physical examination revealed 5/5 motor strength of the bilateral upper extremities, a minimally antalgic gait, tenderness to palpation of the bilateral buttocks, spasm in the lower lumbar paravertebral muscles bilaterally, painful range of motion, and intact sensation. Treatment recommendations at that time included bilateral L4-5 and L5-S1 diagnostic facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ [REDACTED] F JNT C/T I LEV: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Block Section

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There was no evidence of facet mediated pain upon physical examination. The specific level at which the facet joint diagnostic block will be administered was not listed in the request. Based on the clinical information received, the request is not medically necessary or appropriate.