

Case Number:	CM14-0000102		
Date Assigned:	01/17/2014	Date of Injury:	04/01/2009
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This 53 year old male sustained an injury on 4/1/09 while employed by [REDACTED]. Current diagnoses include lumbar spondylosis and myofascial pain. A lumbar spine MRI dated 3/11/10 noted congenital narrowing of canal secondary to short pedicles and a mild posterior disc bulge at L2-3. Conservative treatment has included medications, ice therapy, and physical therapy. A report dated 10/23/13 from the provider noted that the patient was with continued low back pain. Exam noted tenderness to palpation in lumbosacral region, limited range of motion on extension, tenderness of all facets, positive Patrick's maneuver bilaterally, and intact neurological exam. The medications list includes Tramadol and Polar Frost Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-L4 AND L4-L5 FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Per the Official Disability Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is

conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended without defined imaging correlation or clinical correlation. There is no report of acute flare-up or change in permanent and stationary status for this 2009 injury. Submitted reports have not demonstrated support outside guidelines criteria. Additionally, facet injections are not recommended over two joint levels concurrently or in patient with exhibited spinal stenosis as in this case with congenital short pedicles. The bilateral L3-L4 and L4-L5 facet injections are not medically necessary and appropriate.