

Case Number:	CM14-0002090		
Date Assigned:	01/29/2014	Date of Injury:	12/12/2011
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 reported with complaints of chronic low back pain after sustaining an industrial related injury on December 12, 2011. A previous MRI obtained in November 2012 demonstrated multilevel degenerative changes in the lower lumbar spine most prominent from L5-S1 with posterior disc protrusions, mild spinal canal stenosis, and bilateral neuroforaminal narrowing. Other interventions attempted included six sessions of physical therapy. The injured endorses a continued pinching sensation in the low back and intermittent radiculopathy into the left leg. Occasionally, the injured notes radicular pain into the right lower extremity as well. Numbness at the feet and calves bilaterally are also reported. A previous electrodiagnostic study shows mild distal sensory neuropathy of the peroneal nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 AND L5-S1 FACET BLOCK INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) specifically recommends against this procedure and indicates that facet injections offer "no significant long-term functional benefit, nor does it reduce the need for surgery." The provided clinical documents do not justify such significant deviation from the guidelines. Therefore, the request for Bilateral L4-5 and L5-S1 Facet Block Injections is not medically necessary and appropriate.