

Case Number:	CM14-0002554		
Date Assigned:	01/29/2014	Date of Injury:	04/14/2006
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 Pennsylvania. 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 claimant is a 44-year-old who injured his low back in a work related slip and fall on 04/14/06. The clinical records for review indicate that the claimant subsequently underwent an L4-5 lumbar fusion. The progress report of 12/17/13 noted ongoing complaints of right greater than left low back pain, axial in nature. Objectively, on exam there was restricted lumbar range of motion at endpoints, tenderness to palpation at the L4 and L5 levels with spasm, negative straight leg raising and no documentation of positive radicular findings. The claimant was diagnosed with degenerative disc disease, failed back surgery syndrome, myofascial pain and lumbar radiculitis. Facet joint injections at the right and left of L4 and L5 levels were recommended in addition to trigger point injections due to the claimant's muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 MEDIAL BRANCH BLOCK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, facet joint injections would not be indicated. The proposed facet injections are being prescribed at the level of prior lumbar fusion. In this individual, the requested level of injections are at a level of prior lumbar fusion. The presence of a prior lumbar fusion is a direct contraindication to the use of facet or medial branch injections. The specific request in this case would not be supported as medically necessary.