

Case Number:	CM14-0002722		
Date Assigned:	01/29/2014	Date of Injury:	06/30/1996
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 Physician 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 45 year old female who reported a low back injury on 06/30/1996; the mechanism of injury was not provided within the submitted documentation. Within the clinical note dated 01/19/2013 the injured worker reported pain located bilaterally in lower extremities and lower back rated 7/10 with medication. The physical exam reported pain over lumbar facets L3, L4, L5, and S1 bilaterally with a positive straight leg raise test. The request for authorization was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCK INJECTION BILATERAL L3-L4, L4-L5 AND L5 -S1, FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 - LUMBAR & THORACIC, FACET JOINT MEDIAL BRANCH BLOCKS.

Decision rationale: The request for lumbar injection facet block injection at bilateral L3-L4, L4-L5 and L5-S1 with fluoroscopy sedation is non-certified. The American College of Occupational and Environmental Medicine recommends that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. In addition, the Official Disability Guidelines indicate that the suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and a normal straight leg raising exam. In addition, no more than two levels are recommended to be done at one time. The injured worker's physical exam reported a positive straight leg raise test and a radiation of pain throughout the lower extremities. These findings contraindicate the guidelines recommendations. Lastly, the request overlaps a concurrent request and involves more than the guidelines recommended two levels at one time. Thus, the request is non-certified.