

Case Number:	CM14-0003553		
Date Assigned:	01/31/2014	Date of Injury:	06/18/2008
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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:

Medical records from 2013 were reviewed, which showed that the patient complained of chronic low back pain with radicular symptoms to his bilateral lower extremities, right more than the left. On physical examination, there was moderate tenderness in the lower lumbar spine and the right lumbar paraspinal region. Straight leg raise test was negative bilaterally. No motor deficits were noted but there was decreased sensation on the anterolateral aspects of both thighs. MRI dated May 12, 2012 revealed moderate to moderately severe up-down left foraminal stenosis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, facet joint diagnostic blocks (injections).

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

Decision rationale: According to page 300 of the ACOEM Practice Guidelines referenced by CA MTUS, facet injections are supported for non-radicular facet mediated pain. In this case, the patient presented with radicular symptoms. Moreover, foraminal narrowing was reported at L5-

S1 level on a lumbar MRI. The latest progress report also showed an assessment of possible bilateral lumbosacral radiculopathy as suggested by electrodiagnostic studies. Radiculopathy was reported; therefore, the request for facet blocks at L5-S1 is not medically necessary.