

Case Number:	CM14-0003587		
Date Assigned:	02/05/2014	Date of Injury:	01/27/1993
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

The injured worker is a 53 year old female with a reported date of injury on 01/27/1993. The injured worker's diagnosis included disc degeneration at L5-S1, bilateral L5 sensory nerve root dysfunction. According to the clinical note dated 11/07/2013, the injured worker's neurological exam revealed weakness in the left lower extremities with motor strength at 4/5, and decreased sensation in the left leg. The injured worker had straight leg raise bilaterally, and tenderness in the midline from L3 to the sacrum and over the left greater trochanter. The injured worker's medication regimen included Viibryd, Norco and Soma. The request for authorization of prospective request for 1 facet block from L4 to sacrum was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 FACET BLOCK FROM L4 TO SACRUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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 Chapter; Facet joint diagnostic blocks (injections).

Decision rationale: According to the Low Back Complaints ACOEM guidelines, state that invasive techniques to include facet joint injections of cortisone and lidocaine are of questionable merit. The Official Disability Guidelines recommend facet joint blocks are limited to patients with low-back pain that is non-radicular. According to the documentation provided for review the injured work has signs of radicular pain, as evidenced by decreased sensation in the left leg and positive straight leg raise bilaterally. Therefore, the request for 1 facet block from L4 to sacrum is not medically necessary.