

Case Number:	CM14-0004613		
Date Assigned:	01/24/2014	Date of Injury:	12/28/2010
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 54-year-old male who sustained an injury to his low back on 12/28/10. The mechanism of injury was not documented. The plain radiographs of the sacroiliac joints dated 07/16/13 were within normal limits. The injured worker was given a left-sided sacroiliac joint injection under fluoroscopy on 09/17/13. The most-recent clinical note dated 10/15/13, reported that the injured worker noted 0% overall improvement following the previous sacroiliac joint injection. The pain remained rated at 6-7/10 on the visual analog scale (VAS). The injured worker stated that he was only currently sleeping six (6) hours a night. The current medications included Vytorin, Losartan, Citalopram, and Vicodin. The physical examination demonstrated bilateral L5-S1 facet tenderness to palpation; left greater than right L4-5 paraspinal tenderness to deep palpation; standing facet maneuvers positive bilaterally; prone facet maneuvers positive bilaterally, left greater than right; negative straight leg raise; no appreciable sacroiliac joint tenderness to deep palpation. The injured worker was scheduled for bilateral L4-5 and L5-S1 facet injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET INJECTIONS L4-5 AND L5-S1 UNDER FLOUROSCOPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

Decision rationale: The Official Disability Guidelines indicate that there must be documentation of failure of conservative treatment, such as home exercise program, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs), prior to the procedure for at least four to six (6) weeks. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. Given the clinical documentation submitted for review, the medical necessity of the request for bilateral facet injections at L4-5 and L5-S1 under fluoroscopy has not been established. The request is recommended for non-certification.