MAXIMUS Federal Services

Case Number:	CM14-0005667		
Date Assigned:	02/05/2014	Date of Injury:	01/29/2010
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
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 Physical Medicine & 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 50-year-old male who reported injury on 01/29/2010. The mechanism of injury was a lifting injury. The documentation of 12/12/2013 revealed the injured worker had numbness and tingling in the left leg with subjective weakness of both legs. The injured worker had a left L2 and L4 transforaminal epidural steroid injection with a minimal relief of pain. The injured worker had a negative straight leg raise. The injured worker had positive tenderness to palpation, decreased range of motion, and worsened pain with extension greater than flexion, rotation and lateral flexion. The diagnoses included lumbar facet arthritis and low back pain. The treatment plan included continuation of current medications, a bilateral L4-5 and L5-S1 facet injection. It was indicated the injured worker had a prior facet injection in 05/2013 which gave him 70% relief of pain for 6 months. The request was made for a repeat L4-5 and L5-S1 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Facet Joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Low Back Chapter, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool as minimal evidence exists for treatment. A diagnostic block should be at 1 facet joint injection and if successful, with pain relief of at least 50% for at least 6 weeks the recommendation would be to proceed to a medial branch block and subsequent neurotomy. The clinical documentation submitted for review indicated the injured worker had relief of 70% for 6 months. There was a lack of documentation of objective functional benefit that was received. There was lack of documentation indicating a necessity for a repeat diagnostic injection. Given the above, the request for a bilateral L4-5 and L5-S1 facet injection is not medically necessary.