MAXIMUS Federal Services

Case Number:	CM14-0006379		
Date Assigned:	02/07/2014	Date of Injury:	06/13/2012
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 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 52-year-old male with a reported date of injury on 06/13/2012. The injured worker complained of low back pain. According to the MRI dated 11/12/2013, the physician noted that there had been no change since the previous MRI of the lumbar spine obtained on 07/23/2012. According to the clinical note dated 12/10/2013, the injured worker presented with right lower extremity weakness and numbness. The injured worker's lumbar spine range of motion was reported as flexion to 40 degrees and extension to 20 degrees. Motor strength was reported as normal. In addition, there was tenderness noted over the paraspinal muscles overlying the facet joints on both sides. Straight leg raise bilaterally was negative. Documentation provided on the previous and current MRI studies revealed L3-4 left-sided and mild right-sided spurring and disc bulging. There were no abnormalities identified at the L4-5 or L5-S1. The injured worker's diagnoses included lumbar herniated disc, lumbar degenerative disc disease, and elbow lateral epicondylitis. The injured worker's medication included lidocaine, meloxicam, omeprazole, oxaprozin, and tramadol. The request for authorization of bilateral L3-4, L4-5, L5-S1 facet joint injections 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:

BILATERAL L3-4, L4-5, L5-S1 FACET JOINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Low Back.

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, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines for facet joint diagnostic blocks, the criteria for use includes 1 set of diagnostic medial branch blocks is required with response of greater than 70% pain relief, lasting at least 2 hours. Diagnostic blocks should be limited to injured workers with low back pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDS. In addition, no more than 2 facet joint levels should be injected in 1 session. There is a lack of clinical information provided for review related to functional deficits and significant physical exam findings. Within the documentation provided for review there is a lack of clinical information related to physical therapy sessions. As the request is for injections at 3 different levels in the same visit, this exceeds the recommended guideline recommendations. Therefore, the request for bilateral L3-4, L4-5, L5-S1 facet point injections is not medically necessary.