

Case Number:	CM14-0108677		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2012
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 underlying date of injury in this case is 07/16/2012. The date of the utilization review under appeal is 06/27/2014. The primary treating diagnosis is lumbago. On 06/05/2014, the patient was seen in psychiatry pain management followup. The patient reported ongoing symptoms of low back pain, and the treating physician reviewed the patient's past treatment which included chiropractic, physical therapy, acupuncture, and an MRI of the lumbar spine as well as a psychology referral. The patient reported ongoing pain back to work 5-8/10 without radiation and without numbness or tingling. On exam, the patient had normal strength in the lower extremities. Spasm was noted in the lumbosacral paraspinals over the right lower lumbosacral facet joints. Back flexion/extension was reduced to about 20%, and 30% in extension/lateral rotation were painful. The treating physician recommended a right L4-L5 and L5-S1 facet joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block right L4-5, L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[Http://www.ncbi.nlm.nih.gov/pubmed/11452067](http://www.ncbi.nlm.nih.gov/pubmed/11452067)

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 300, states that invasive techniques, including facet joint injections in the lumbar spine, are of questionable merit. For patients felt to have possible facet-mediated axial lumbar pain, the Official Disability Guidelines (ODG) outlines criteria for consideration of a diagnostic medial branch block and consideration of radiofrequency neurotomy treatment. However, the guidelines do not support a probable indication or benefit from lumbar intraarticular facet blocks. Therefore, the request for facet block right L4-5, L5-S1 under fluoroscopy is not medically necessary and appropriate.