

Case Number:	CM14-0109230		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2014
Decision Date:	10/01/2014	UR Denial Date:	06/25/2014
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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 41-year-old female who reported an injury on 01/17/2014. The mechanism of injury was noted to be assisting a client who was having a syncopal episode. The injured worker's diagnosis was noted to be lumbago. Prior treatment was noted to be chiropractic care, physical therapy, medications, and injections. The injured worker was noted to have diagnostic imaging studies. She had subjective complaints of low back pain and bilateral leg pain in the clinical evaluation dated 06/12/2014. The physical examination findings revealed minimal lumbosacral paraspinal muscle spasms with tender areas over the bilateral lower lumbosacral facet joints. Back function and extension were about 20% to 30%. Extension and lateral rotation were painful. The sensory examination was noted to have no abnormalities with sensation intact to touch in pinprick in all dermatomes in the bilateral lower extremities. She had noted tightness in her back with straight leg raise test in a sitting position. The treatment plan was for physical therapy, medications, and bilateral L4-5 facet joint injection under fluoroscopy. The treatment plan also states depending on how she responds to facet joint injections, radiofrequency ablation and medial branch block will be considered. The provider's rationale for the request was noted within the treatment plan. A Request for Authorization form was not provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 facet block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Diagnostic block for facet medicated pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for Bilateral L4-L5 facet block injection is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic pain. The included medical documents lack evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The Guidelines note that facet injections may aid in the transitional phase from acute to chronic pain; however, the injured worker is already in the chronic stage of her injury. As such, the request for Bilateral L4-L5 facet block injection is not medically necessary.