

Case Number:	CM14-0011947		
Date Assigned:	02/21/2014	Date of Injury:	10/20/2008
Decision Date:	06/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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:

According to the records made available for review, this is a 38-year-old female with a 10/20/08 date of injury. At the time of request for authorization for repeat facet block injections at right L4-L5 and L5-S1, there is documentation of subjective findings of right sided low back pain with radiation to the buttocks and objective findings of tenderness over the right sided L5-S1 facet joint as well as the right S1 area. The current diagnoses are lumbar discogenic pain syndrome L5-S1 and lumbar radiculopathy L5-S1. The treatments to date include facet injection and medications. Medical report identifies that the patient has undergone facet blocks and reports that these provided very good relief for 1 year. There is no documentation of a rationale for not proceeding with neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FACET BLOCK INJECTIONS AT RIGHT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Intra-Articular Injections (therapeutic blocks).

Decision rationale: California MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of facet joint blocks. ODG identifies that if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain syndrome L5-S1 and lumbar radiculopathy L5-S1. However, given documentation that previous facet blocks provided good relief for one year, there is no documentation of a rationale for not proceeding with neurotomy. Therefore, based on guidelines and a review of the evidence, the request for repeat facet block injections at right L4-L5 and L5-S1 is not medically necessary.