

Case Number:	CM14-0014895		
Date Assigned:	02/28/2014	Date of Injury:	05/19/2013
Decision Date:	07/18/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old female with a 5/19/2013 date of injury. She has been diagnosed with: history of lumbar disc disease with radiculitis; history of lumbar facet arthrosis. According to the 1/7/14 pain management report from [REDACTED], the patient presents with 7/10 low back pain. Medications control half the pain. On exam, straight leg raising (SLR) was negative, and lumbar extension was painful, and [REDACTED] recommended facet blocks at L4/5 and L5/S1 bilaterally. Prior facet block was performed by [REDACTED] on 11/12/13 at the L4/5 and L5/S1 levels, but the pain remained at 7-8/10 on his 12/10/13 follow-up. There was no pain assessment provided on [REDACTED] initial evaluation dated 9/24/13, or on the 10/22/13. On 1/22/14, the UR recommended against a repeat lumbar facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR FACET BLOCK AT L4-L5 AND L5-S1: 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), Low Back Chapter, Facet Joint Intra-Articular Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Low Back Chapter, Facet Joint Intra-Articular Injections (Therapeutic Blocks) (http://www.odgtwc.com/odgtwc/low_back.htm#Facetjointinjectionslumbar).

Decision rationale: According to the 1/7/14 pain management report from [REDACTED], the patient presents with 7/10 low back pain. Medications control half the pain. On exam, SLR was negative, lumbar extension was painful, and [REDACTED] recommended facet blocks at L4/5 and L5/S1 bilaterally. Prior facet block was performed by [REDACTED] on 11/12/13 and was intra-articular at the L4/5 and L5/S1 levels, but the pain remained at 7-8/10 on his 12/10/13 follow-up. The IMR request is for a repeat lumbar facet block at L4/5 and L5/S1. MTUS/ACOEM guidelines do not recommend lumbar facet injections. ODG guidelines do not recommend more than one intraarticular facet injection. ODG also states a successful facet injection would provide 70% pain relief initially and at least 50% for the next 6 weeks. The patient is reported to have 8/10 pain 4-weeks after the prior facet injection. The repeat lumbar facet block at L4/5 and L5/S1 is not in accordance with MTUS/ACOEM or ODG guidelines. Recommend as not medically necessary.