

Case Number:	CM14-0015169		
Date Assigned:	02/28/2014	Date of Injury:	01/04/2011
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 injured worker is a 51-year-old male who reported an injury on 01/04/2011. The mechanism of injury was noted to be lifting 25 pounds of tools in a bucket while leaning. The injured worker's treatments were noted to be acupuncture, transcutaneous electrical nerve stimulation, facet injections, physical therapy, chiropractic therapy, massage therapy, and epidural steroid injections. The injured worker's diagnoses were noted to be lumbar spine sprain/strain, lumbar spine herniated nucleus pulposus, and lumbar spine radiculopathy. The injured worker had a physical examination on 01/08/2014. He complained of constant severe lower back pain radiating downwards into his bilateral hips. The objective findings of the lumbar spine included tenderness with muscle spasms at levels L1-5. There was positive bilateral straight leg raise. The right hip was laterally tender. The treatment plan included continuing with Motrin 600 mg, a back brace, and scheduling a neurosurgical consultation. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was dated 01/24/2014 included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FACET JOINT INJECTION AT L3-4, L4-5, L5-S1: Upheld

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

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

Decision rationale: The clinical evaluation fails to indicate indicators of pain related to facet joint pathology. Although it is documented tenderness over the levels L1-5, it is not documented that there was a normal sensory examination. In addition, the injured worker had a positive bilateral straight leg raise. Therefore, in addition to the diagnosis, the injured worker has indicators of radiculopathy. The documentation does not provide evidence of failed conservative care including home exercise, physical therapy, and NSAIDs prior to the procedure for the last 4 to 6 weeks prior to request. The documentation fails to indicate a rhizotomy or neurotomy to follow within the treatment plan. In addition, the request is for 3 joint levels and a medial branch block is limited to 2 joint levels. Therefore, the request for a right facet joint injection at L3-4, L4-5, and L5-S1 is non-certified.