

Case Number:	CM14-0017811		
Date Assigned:	04/16/2014	Date of Injury:	05/21/2012
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 44-year-old male who reported an injury on 05/21/2012 due to cumulative trauma while performing normal job duties as a police officer. The injured worker reportedly sustained an injury to his low back. Conservative treatments included medications, physical therapy, and acupuncture. It was also documented that the patient had undergone 2 epidural steroid injections without significant benefit. Evaluation on 01/27/2014, documented physical findings from that evaluation were not provided. A request was made for a left L4 selective nerve root block and a left L4-5 facet block. Evaluation dated 01/06/2014, documented physical findings including significant tenderness to palpation in the low back region of the L4-5 with painful range of motion and decreased sensation in the left anterior thigh with numbness in the anterior thigh. Left quadriceps strength was documented to be 4+/5. Diagnoses included chronic intractable axial low back pain and left L4-5 moderate to severe foraminal stenosis. Treatment recommendations included L4 selective nerve root block followed by an L4-5 facet joint block on the left side for diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of facet injections for therapeutic purposes. Official Disability Guidelines recommend diagnostic facet injections for injured workers who have clear documentation of facet mediated pain. The clinical documentation submitted for review does not provide any significant evidence of facet mediated pain. There were no orthopedic tests conducted to support that the injured worker's pain is facet mediated. Additionally, Official Disability Guidelines do not recommend facet injections when there is the presence of radicular pain. Additionally, the clinical documentation clearly indicates that the injured worker has radicular pain. Therefore, facet block for diagnostic purposes would not be appropriate for this patient. Therefore, the request for left L4-5 facet block is not medically necessary and appropriate.