

Case Number:	CM14-0116059		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2004
Decision Date:	09/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 60-year-old male with a date of injury of 12/13/2004. According to the progress report of 07/01/2014, the patient presents with increased back pain radiating from his low back down to his posterolateral thigh and calf down to the dorsum of his feet and middle toes. Examination of the lumbar spine revealed restrictive range of motion. Spinous process tenderness is noted at L4 and L5. Lumbar facet loading is positive on both sides. Straight leg rising is positive on the left in a sitting position at 45 degrees. Physician is requesting authorization for lumbar facet joint injection for bilateral L4-L5 and L5-S1. Utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection L4-L5 & L5-S1 (Bilateral): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) guidelines on Lumbar Facet joint signs & symptoms.

Decision rationale: This patient presents with increased back pain radiating from his low back down to his posterolateral thigh and calf down to the dorsum of his feet and middle toes. The physician is requesting authorization for lumbar facet joint injection for bilateral L4-L5 and L5-S1. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient presents with positive straight leg raise and radiating pain from low back down the thigh, calf, and into the foot and toes. Furthermore, the patient has diagnosis of lumbar stenosis and radiculopathy. ODG supports facet diagnostic evaluations for patients presenting with non-radicular symptoms. Therefore, the request for Lumbar Facet Injection L4-L5 & L5-S1 (Bilateral) is not medically necessary and appropriate.