

Case Number:	CM14-0023166		
Date Assigned:	05/12/2014	Date of Injury:	04/01/2009
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 54-year-old male with date of injury of 04/01/2009. According to the report, the patient complains of lower back pain. The patient states that his pain is better with medication and ice and worsens when lifting. The physical exam shows the patient's gait is non-antalgic. There is tenderness to palpation in the lumbosacral region. His range of motion is limited with extension. There is tenderness in all facets of the lower extremities. Sensation is intact to light touch bilaterally. Reflexes are 2+ bilaterally. The patient has 5/5 strength bilaterally. Straight leg raise is negative bilaterally. Patrick's maneuver is positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L3-L4 AND L4-L5 THERAPEUTIC FACET INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The ACOEM guidelines do not support facet joint injections. ODG guidelines discuss facet joint injections or blocks for facet mediated pain but limits it to no more than two levels and for lateralized back pain without radicular symptoms. Facet injections are allowed primarily for diagnostic purposes. The review of the records does not show any prior facet injections at L3-L4 and L4-L5. In this case, the patient has non-radiating low back pain with the facet joint tenderness upon palpation. Evaluation of the facet joints would appear to be reasonable. ODG guidelines allow one set of facet intra-articular injection for facet joint mediated pain. The request is medically necessary.