

Case Number:	CM14-0027589		
Date Assigned:	06/13/2014	Date of Injury:	10/29/2008
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 underlying date of injury in this case is 10/29/2008. This patient's diagnoses include lumbar intervertebral disc displacement, lumbago, and lumbosacral radiculitis. On 01/22/2014, the treating physician saw this patient in followup. The patient complained of low back pain, worse on the right, which did not radiate. On exam the patient was tender to palpation over the lateral L4-5 and L5-S1 facets. Sensation and strength were normal in the lower extremities. Prior MRI imaging was noted to show impingement of the L5 nerve root. The patient was diagnosed with lumbar radiculopathy as well as low back pain. Bilateral L4-5 and L5-S1 facet joint injections were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5, L5-S1 FACET JOINT INJECTION TIMES ONE (1) UNDER ANESTHESIA AND EPIDUROGRAPHY: Upheld

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

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

Decision rationale: The ACOEM Guidelines discuss invasive techniques and notes that intra-articular facet joint injections are of questionable merit. The treatment guidelines do support diagnostic medial branch blocks and radiofrequency ablation in some situations for facet-mediated pain. However, the guidelines do not support facet joint injections, and the medical records do not provide alternate rationale contrary to the guidelines. Therefore this request is not medically necessary.