

Case Number:	CM14-0027725		
Date Assigned:	06/13/2014	Date of Injury:	10/19/2012
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
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 Family Medicine and is licensed to practice in Arizona. 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 32 year old with a date of injury on 10/19/2012. The patient has been treated for ongoing symptoms in the lower back. Diagnoses include lumbago, right leg sciatica, and right L4-5 facet arthropathy. Subjective complaints are of ongoing low back pain radiating down the right leg to the level of the knee. Physical exam of the lumbar spine revealed tenderness with spasm and guarding at the lower lumbar region. There was a positive right sided straight leg raise test, and decreased right sided sensation. Lower extremity strength and reflexes were normal. Prior treatments include chiropractic therapy, physical therapy, and medications. MRI of the lumbar spine on 01/31/2013 showed multilevel degenerative changes, foraminal narrowing at L4-5 and L5-S1, and left posterolateral disc protrusion at L5-S1. Patient had a prior lumbar median branch nerve block on 8/26/13 which did not provide relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4/5 FACET BLOCK: 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, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, FACET JOINT INJECTIONS.

Decision rationale: ACOEM guidelines state that facet-joint injections are not recommended. CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG indicate that facet joint pathology may be present if there is: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. For this patient, physical findings are not consistent with a diagnosis of facet joint mediated pain. Therefore, the request for facet joint injection is not medically necessary.