

Case Number:	CM14-0028979		
Date Assigned:	06/16/2014	Date of Injury:	04/24/2013
Decision Date:	08/12/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 Illinois. 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 50-year-old female who reported an injury on 04/24/2013 due to a fall. On 03/04/2014, the injured worker presented with back pain. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction, a positive bilateral facet loading, decreased range of motion by 50% with intact sensation to the bilateral extremities and motor strength of 5/5. There was a negative straight leg raise bilaterally. Therapy included an ESI and medications. The provider recommended a bilateral lumbar facet joint injection at L5 to S1 and with positive response to a diagnostic injection, the injured worker may be a candidate for a permanent ablation procedure. The Request For Authorization Form was dated 1/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTIONS AT L5-S1 AND FLUOROSCOPIC GUIDANCE WITH IV SEDATION: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefit. Injured workers presenting in the transition phase between acute and chronic pain. The Official Disability Guidelines state that criteria for use of diagnostic blocks is limited to injured workers with pain that is non-radicular, no more than 2 joint levels injected in 1 session, failure of conservative treatment to include home exercise physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks, and the use of fluoroscopy for guidance. The medical documentation noted lumbar spine tenderness, motor strength 5/5, intact sensation and a negative straight leg raise bilaterally. However, the documentation stated that the injured worker was being treated for a radiculopathy, which is an exclusionary criteria for the performance for facet targeted injections. As such, the request is non-certified.