

Case Number:	CM14-0029514		
Date Assigned:	06/16/2014	Date of Injury:	03/10/2011
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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, 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 57-year-old male with a date of injury of 03/10/2011. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Lumbar radiculopathy. 3. Failed back surgery syndrome. 4. Lumbar facet dysfunction. 5. Right greater trochanteric bursitis. According to progress report 10/23/2013 by [REDACTED], the patient presents with constant low back pain radiating into the hips and legs. The patient notes his pain as 5/10 on a pain scale. He is currently using BuTrans patches which have been "helpful." Examination revealed negative straight leg raise and positive facet loading test. There was tenderness to palpation noted over the lumbar paraspinal muscles and right greater trochanteric bursa. Range of motion of the lumbar spine was decreased on extension with pain. The request is for right L4-L5 and L5-S1 lumbar facet injection with fluoroscopy. Utilization review denied the request on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 AND L5-S1 LUMBAR FACET INJECTION WITH FLUOROSCOPY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Facet joint signs & symptoms.

Decision rationale: This patient presents with constant low back pain radiating into the hips and legs. The treater is requesting a lumbar facet injection at L4-5 and L5-S1. ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms but not at the level of fusion. As the medical file documents, the patient underwent a lumbar fusion at level L4 to S1 in 1996. In this case, facet blocks are not recommended where fusion has taken place. They are immobile segments. Therefore, the request is not medically necessary.