

Case Number:	CM14-0038827		
Date Assigned:	06/27/2014	Date of Injury:	07/16/2009
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Nevada. 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 42-year-old female whose date of injury is July 16, 2009. The mechanism of injury is noted as moving an anesthetized dog. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of low back pain. The physical examination was stated to be unchanged. A previous note from pain management dated February 19, 2014, notes a physical examination with a positive straight leg raise test and a positive facet loading test. There was tenderness along the lumbar paraspinal muscles and the sacroiliac joints. A lower extremity neurological examination was normal. There was a request for a bilateral L3, L4, and L5 lumbar medial branch blocks. Diagnostic imaging studies reported a disc protrusion at L5-S1 with right S1 nerve root effacement and bilateral foraminal stenosis. There was also a disc protrusion at L4-L5. Previous treatment includes activity modification, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, chiropractic therapy, home exercise, injections and a lumbar fusion of L5-S1. A request was made for lumbar facet block injections and was not recommended in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block Injection 64442 64443 76003-26: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 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 - Lumbar and Thoracic, Facet Joint Diagnostic Injections, Updated July 3, 2014.

Decision rationale: According to the attached medical record the injured employee has had previous facet joint injections performed. The results of these are not stated. Additionally this request does not state which levels or how many levels are intended to be injected. The previous note from pain management dated February 19, 2014, requests bilateral injections at L3, L4, and L5. However, the Official Disability Guidelines recommends no more than two facet joint levels injected at one time. For these multiple reasons, this request for lumbar facet block injections 64442 64443 76003-26 is not medically necessary.