

Case Number:	CM14-0045065		
Date Assigned:	07/02/2014	Date of Injury:	09/22/1999
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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:

Patient is a 57 year-old male with date of injury 09/22/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/03/2014, lists subjective complaints as lower back pain and lumbar radiculopathy. Objective findings: Examination of the lumbar spine revealed reduced range of motion due to pain, tenderness to palpation, spasm and radiation on the right paraspinal muscle, left paraspinal muscle, right facet joint and left facet joint at L2, L3, L4, L5 and S1. Sensory examination revealed lower left extremities were grossly intact to all dermatomes tested. Patient experienced sensation that was normal to the right lower extremities. There were no focal deficits present. Straight leg test was positive, bilaterally. Diagnosis: 1. Lumbar facet syndrome 2. Lumbar disc degeneration. Previous treatments have included nerve blocks, medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injections (no level): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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 & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request contains insufficient information. There is no level specified. In addition, according to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. Therefore, the request for bilateral facet injections (no level) is not medically necessary.