

Case Number:	CM14-0047672		
Date Assigned:	06/25/2014	Date of Injury:	09/28/2013
Decision Date:	08/14/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/31/2014

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 records presented for review indicate that this 40-year-old female was reportedly injured on September 28, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a normal lower extremity neurological examination and tenderness over the lumbar paraspinal muscles with spasms. There was also tenderness over the right lower lumbar sacral facet joints. Diagnostic upper extremity nerve conduction studies were normal. MRI of the cervical spine showed a mild loss of disc height at C5-C6 with a right paracentral disc extrusion effacing the ventral portion of the thecal sac. An MRI of the lumbar spine noted mild degenerative disc disease at L4-L5 and L5-S1 and a small right-sided disc protrusion at L4-L5. Previous treatment includes physical therapy. A request was made for two bilateral L4-L5 facet injections under fluoroscopy and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral L4-5 facet Injections under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

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 Injections, Diagnostic, Updated July 3, 2014.

Decision rationale: According to the progress note dated March 31, 2014, the requesting provider states that the Official Disability Guidelines supports the use of facet joint diagnostic blocks. While this is true, the Official Disability Guidelines clearly states that no more than one set of medial branch diagnostic blocks is recommended. This request is for two bilateral injections. Without further clarification/justification, this request for two bilateral L4-L5 facet injections under fluoroscopy is not medically necessary.