

Case Number:	CM14-0050840		
Date Assigned:	06/23/2014	Date of Injury:	08/26/1998
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and 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:

At the time the previous utilization management review the injured employees right shoulder injury was only 19 days old and he was still participating in physical therapy at that time. It is unclear why a magnetic resonance image of the right shoulder is requested so early when there has not been demonstrated to be any red flags or failure of conservative therapy. This request for a magnetic resonance image of the right shoulder without dye is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. LUMBAR FACET JOINT INJECTION FOR BILATERAL L4-L5, L5-S1 SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 blocks (injections).

Decision rationale: The injured worker is noted to be status post ACDF C4-6 and status post lumbar decompressive laminectomy/discectomy L3-4, L4-5 and L5-S1. The records indicate that the injured worker's radicular leg symptoms have resolved, but he continues with significant low

back pain. the injured worker was recommended to undergo lumbar facet joint injections bilateral L4-5, L5-S1; however, there is no detailed physical examination with findings indicative of facetogenic pain. there is no documentation that the injured worker has had any recent conservative care for the low back including physical therapy/home exercise program and NSAIDs. Current evidence based guidelines provide that diagnostic facet/medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There also should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The request does not specify that the injection is to be performed by medial branch block. Based on the clinical information provided, the request for lumbar facet joint injection for bilateral L4-L5, L5-S1 spine is not supported as medically necessary.