

Case Number:	CM14-0065261		
Date Assigned:	07/11/2014	Date of Injury:	04/26/2010
Decision Date:	08/28/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 64-year-old female who was reportedly injured on 4/26/2010 and the mechanism of injury was noted as a slip and fall. The most recent progress note dated 5/5/2014, indicated that there were ongoing complaints of low back pain that radiated to the bilateral lower extremities. The physical examination demonstrated dullness to pinprick in the right anterior and lateral calf. Deep tendon reflexes were decreased in the knees and ankles and absent in the right knee. Weakness to right knee flexion and knee extension. Straight leg raise was positive on the right and equivocal on the left. Babinski was downgoing. Diagnostic imaging studies included a MRI on the lumbar spine, dated 4/8/2014, which showed disc protrusion of both the right L3 and L4 nerve roots and L4-L5 disc protrusion that abuts the left L4 nerve root. Previous treatment included previous surgery, physical therapy and medications. A request was made for facet blocks and was not certified in the pre-authorization process on 4/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks (no levels indicated): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. Repeated diagnostic injections in the same location are not recommended. After review of the medical documentation provided, the injured worker may benefit by a lumbar facet injection, however, treatment guidelines do not recommend cervical injections. The current request is for facet injections with the site unspecified. Therefore, pending further documentation, this request is deemed not medically necessary.