

Case Number:	CM14-0072871		
Date Assigned:	06/30/2014	Date of Injury:	06/09/2013
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgery 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:

The patient is 39 year old male injured on June 9, 2013. In records from the primary treating physician, the patient is noted to have had prior existing injury and it is unknown if this is an exacerbation or aggravation of the prior injury. The current mechanism of injury is unknown. The patient complains of low back pain, tingling of the right anterior thigh and numbness of the right lateral thigh. It is noted in progress note dated March 3, 2013 from the treating physiatrist that the patient has pain with lumbar extension and rotation right, as well as, tenderness to palpation of the right lumbar paraspinals. The diagnosis low back pain and lumbar radiculopathy. The PMR physician notes, the pain of the right thigh could be referred pain from the facet arthropathy. Treatment to date has included physical therapy, TENS unit, acupuncture, activity modification, Gabapentin and previous epidural steroid injections. The request is for facet joint steroid injections of the right L4-5 and L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint steroid injection at right L4- L5 and L5- S1 under floroscopy guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Facet Joint Diagnostic Blocks (injections).

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 section, Facet joint diagnostic blocks (injections).

Decision rationale: Clinical information provided in records does not firmly diagnose facet arthropathy. Diagnostic injections can be utilized but based on Official Disability Guidelines; current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The request for facet joint steroid injections of the right L4-5 and L5-S1 is not medically indicated.