

Case Number:	CM14-0076035		
Date Assigned:	07/16/2014	Date of Injury:	03/25/2011
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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:

According to the records made available for review, this is a 55-year-old male with a 3/25/11 date of injury and status post L4-L5 and L5-S1 decompression on 9/1/10. At the time (5/7/14) of request for authorization for L4-5 and L5-S1 Lumbar facet injections, there is documentation of subjective (low back pain) and objective (painful lumbar range of motion, limping gait, and tenderness over the L4-5 and L5-S1 regions) findings, current diagnoses (chronic low back pain, failed lumbar surgery syndrome, lumbar facet syndrome, and L4-L5 retrolisthesis), and treatment to date (lumbar decompression surgery, lumbar epidural steroid injection, and medications (NSAIDs and opioids)). There is no documentation of failure of additional conservative treatment (home exercise and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 Lumbar facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks.

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, failed lumbar surgery syndrome, lumbar facet syndrome, and L4-L5 retrolisthesis. In addition, there is documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, there is no documentation of failure of additional conservative treatment (home exercise and physical therapy). Therefore, based on guidelines and a review of the evidence, the request for L4-5 and L5-S1 Lumbar facet injections is not medically necessary.