

Case Number:	CM14-0078058		
Date Assigned:	07/18/2014	Date of Injury:	05/07/2013
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Texas and Ohio. 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 48-year-old male who reported an injury on 05/06/2013. The injury reported was when the injured worker was moving a manual pallet lift. The diagnoses included chronic low back pain, lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculopathy. The previous treatments included medication. The diagnostic testing included an MRI and x-ray. Within the clinical note dated 01/14/2014, it was reported the injured worker complained of constant pain in the lower back traveling to the bilateral legs entirely to his feet. He described the pain as aching, throbbing, and shooting. He rated his pain 8/10 in severity. Upon the physical examination, the provider noted the injured worker had a positive Kemp/facet, heel and toe walk. The provider noted the injured worker's reflexes for the knees were normal bilaterally. The provider noted the injured worker had decreased sensation of the lower extremities, lower hip, and medial to lower anterior thigh. The provider requested a lumbar facet and joint block for decrease in pain. The Request for Authorization was submitted and dated 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint block at the medial branch levels L3-L4, L4-L5, & L5-S1 bilaterally:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back-Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Diagnostic Blocks.

Decision rationale: The request for Lumbar facet joint block at the medial branch levels L3-L4, L4-L5, & L5-S1 bilaterally is not medically necessary. California MTUS/ACOEM Guidelines note facet injections are not recommended in the low back. There is limited research based evidence in patients with low back complaints. In addition, the Official Disability Guidelines recommend that the clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note facet injections are limited to patients with lumbar pain which is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend that there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs. No more than 2 joint levels should be injected in 1 session. There is a lack of documentation indicating the injured worker tried and failed on conservative treatment. The request as submitted exceeds the guidelines of only 2 joint levels to be injected. Therefore, the request is not medically necessary.