

Case Number:	CM14-0081488		
Date Assigned:	07/18/2014	Date of Injury:	04/05/2005
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management, 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 52-year-old male with a 4/5/10 date of injury. At the time (5/7/14) of request for authorization for lumbar facet injection, there is documentation of subjective (axial spine pain) and objective (lumbar spine tenderness over the lower facet joints L4-S1, restricted range of motion due to pain with extension and side bending, muscle strength 5/5, intact sensation, and positive facet loading bilaterally) findings, current diagnoses (lumbosacral spondylosis, lumbar sprain/strain, and chronic pain syndrome), and treatment to date (medications, activity modification, trigger point injections, and physical therapy). The specific level(s) to be addressed cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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, 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. Official Disability Guidelines 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, PT, 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 lumbosacral spondylosis, lumbar sprain/strain, and chronic pain syndrome. In addition, there is documentation of low-back pain that is non-radicular and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given that there is no documentation of which specific level(s) to be addressed, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar facet injection is not medically necessary.