

Case Number:	CM14-0083720		
Date Assigned:	08/08/2014	Date of Injury:	05/24/1974
Decision Date:	09/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation 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 injured worker is a 71-year-old female who reported an injury on 05/24/1974. The mechanism of injury was not specifically stated. The current diagnosis is degeneration of lumbar or lumbosacral intervertebral disc. The only clinical note submitted for this review is documented on 03/28/2014. The injured worker presented with complaints of severe lower back pain. It is noted that the injured worker has been previously treated with facet joint injections, medication, and physical therapy. It was documented that the injured worker suffers from a severe case of post laminectomy pain with arachnoiditis and nerve root entrapment causing radiculopathy in the bilateral lower extremities. The injured worker also has meralgia paresthetica syndrome on the left. A facet joint injection at L5-S1 was recommended at that time. The current medication regimen includes Celebrex, Ecotrin, Norco, and Soma. There was Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paravertebral Facet Block every three (3) months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. There was no specific body part or level at which the facet block will be administered listed in the request. Additionally, the current request for a facet block every 3 months is not medically appropriate. The injured worker's response to the initial injection would require reassessment prior to the administration of an additional injection. It is also noted that the injured worker has been previously treated with lumbar facet injections. The injured worker's response to the initial procedure was not documented. Based on the clinical information received, the request is not medically necessary.