

Case Number:	CM14-0090166		
Date Assigned:	07/23/2014	Date of Injury:	07/10/1996
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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:

Patient is a 55-year-old with date of injury July 10, 1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated May 6, 2014, lists subjective complaints as persistent pain in the back with radicular symptoms to the legs. Objective findings: Examination of the lumbar spine revealed focal tenderness bilaterally over the L3-4, L4-5, and L5-S1 posterior spinous processes and paraspinous muscles. Range of motion was limited due to pain. The patient showed no focal neurological deficits L2 through S1 on motor and sensory evaluation. Diagnosis: 1. Left leg radicular symptoms 2. Lumbar herniated nucleus pulposus at L4-5 3. Lumbar degenerative disc disease at L3-4, L4-5, and L5-S; status post ESI and facet block x2 4. Lumbar stenosis at L4-5 5. Lumbar facet syndrome. Patient reported significant improvement of her backache and leg pain from an epidural steroid injection at the L4-5 and L5-S1 levels and facet block under image about a year ago (exact date not provided). She also had 12 sessions of postoperative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block injections at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back: Table 2 Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back%20Table%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Documentation is present that meets the criteria for a lumbar epidural steroid injection; however, according to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. The request for lumbar facet block injections at right L4-L5 and L5-S1 is not medically necessary or appropriate.