

Case Number:	CM13-0068712		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2008
Decision Date:	03/27/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 4/17/08. A utilization review determination dated 12/9/13 recommends non-certification of bilateral facet block injections L5-S1. Patient is noted to be s/p anterior lumbar interbody fusion L5/s1 on 6/25/12. 1/20/14 medical report identifies that the provider would like to respond to the prior denial and also amend the proposed treatment plan and confirm the level for the request. He notes that the patient could have both facet joint pain and radicular pain concomitantly. The patient has back pain with extension past neutral and positive facet loading signs as well as positive straight leg raising. He noted that conservative treatment has included PT, NSAIDs, and opioids, and he is contemplating injecting only 1 facet joint level at L4-5. He also noted that he always performs intraarticular facet blocks unless otherwise specified, and they would be followed by facet denervation/rhizotomy if positive. He notes that the fusion appears to be solidly fused at L5-S1 with no indication of movement, so he wished to withdraw the request for facet blocks at that level, and will instead request authorization for bilateral facet blocks at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet block injections at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back web version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Bilateral facet block injection L5-S1, the provider has noted that he wishes to withdraw the request for this procedure at L5-S1 since the patient has a solid fusion at that level with no movement. Facet injections are not recommended at previously fused levels. He also noted that he wishes to request authorization for the procedure at L4-5 instead; however, unfortunately, there is no provision for modification of the current request. In light of the above, the currently requested Bilateral facet block injection L5-S1 is not medically necessary.