

Case Number:	CM14-0199615		
Date Assigned:	12/10/2014	Date of Injury:	10/28/2005
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Medicine and is licensed to practice in Texas. 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 patient is a 54 year old female who was injured on 10/28/2005. The diagnoses are cervical radiculopathy, lumbar radiculopathy, lumbar facet syndrome, bilateral shoulders, bilateral knees, neck and low back pain. The patient completed PT, chiropractic treatment, TENS unit use, lumbar / caudal epidural and cervical epidural steroid injections. The 2010 MRI of the lumbar spine showed multilevel disc bulge, facet hypertrophy, theca sac effacement and contact with nerve roots. [REDACTED] / noted subjective complaint of low back pain. There were objective findings of decreased range of motion of the lumbar spine, muscle spasm, positive straight leg raising and Lasegue tests and tenderness over the facet joints. On 10/14/2014, [REDACTED] DC noted that the low back pain is had not changed. The medication listed is Anaprox. A Utilization Review determination was rendered on 10/30/2014 recommending non certification for bilateral L2-L5 lumbar facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks bilateral L2-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back.

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that lumbar facet injections can be utilized for the treatment of lumbar facet syndrome when conservative treatments with medications and physical therapy (PT) have failed. It is recommended that lumbar radiculopathy be excluded as the cause of the low back pain. The records indicate that the patient had subjective, objective and radiological findings indicative of lumbar radiculopathy. The patient had previously responded to lumbar epidural injections. The guidelines recommend that not more than 3 levels of facet blocks be performed at each setting. The criteria for bilateral L2 to L5 facet blocks was not met.