

Case Number:	CM14-0217312		
Date Assigned:	01/07/2015	Date of Injury:	11/29/2004
Decision Date:	05/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

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 71-year-old male injured worker suffered an industrial injury on 11/29/2004. The diagnoses were lumbar facet joint pain, facet arthropathy, vertigo and back pain. The diagnostics included lumbar x-rays. The injured worker had been treated with physical therapy and medications. On 12/10/2014, the treating provider reported lumbar pain that is increasing and prior therapy was not helping. The lumbar facet joint load tests were positive. The treatment plan included Lumbar facet joint injection bilateral L3-4, L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection bilateral L3-4, L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines, Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections).

Decision rationale: The patient presents with low back pain described as constant and increasing. The request is for lumbar facet joint injection bilateral L3-4, L4-5, and L5-S1. There is no RFA provided and the date of injury is 11/29/04. Per 12/10/14 report, the patient has diagnoses of lumbar facet joint pain, facet arthroscopy, vertigo and back pain. Physical examination to the lumbar spine revealed no tenderness and a slightly decreased range of motion. Straight leg raise test is normal bilaterally. Kemps test is positive bilaterally. There are no image studies provided for review. There is mention of an X-ray of the lumbar spine but findings are not provided. The patient is retired. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The treater has not provided a reason for the request. Medical records provided do not show any prior injections. ODG Guidelines state, "No more than 2 levels bilaterally are recommended." In this case, the treater is requesting for a lumbar facet block at three levels L3-L4, L4-L5 AND L5-S1. Therefore, the request is not medically necessary.