

Case Number:	CM13-0049391		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2010
Decision Date:	02/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in New York and 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 physician 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 66-year-old female who reported an injury on 05/05/2010. The patient is diagnosed with sciatica. The most recent physician report was submitted on 10/07/2013 by [REDACTED]. The patient reported constant, aching, lower back pain with radiation to bilateral lower extremities. Physical examination was not provided. Treatment recommendations included a lumbar spine MRI and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection at bilateral L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Updated 10/9/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 301 and the Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state

clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, there is no indication of pain or tenderness over the facet joints. The latest physical examination is documented on 08/29/2013 by [REDACTED] which revealed positive straight leg raising, diminished strength, and decreased sensation. Based on the clinical information received, the patient does not meet criteria for the use of facet joint diagnostic blocks. Therefore, the request is non-certified.