

Case Number:	CM14-0006149		
Date Assigned:	03/03/2014	Date of Injury:	03/11/2012
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 12/16/2013. The primary diagnoses are lumbar sprain and lumbar disc protrusions at L1, L2, L3, L5, and S1. The patient's initial mechanism of injury was that an automatic door closed on him. Prior diagnostic studies included electromyography of March 2013 which demonstrated subacute and chronic L5 and S1 radiculopathies consistent with the patient's reported radicular pain. On 10/24/2013, the patient was seen by the primary treating orthopedic surgeon with symptoms of neck pain as well as severe low back pain with some radiation down the posterior aspect of his lower extremities with associated numbness and tingling. On exam strength was normal in the lower extremities. Light touch sensation was intact. Overall, the patient presented with cervical, thoracic, and lumbar spine complaints. He was felt to be a candidate for facet injections to help reduce inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC FACET BLOCK INJECTION L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines, Chapter 12 Low Back, page 300, states that local facet injections are of questionable merit. Moreover, this patient's clinical presentation is that of radicular lower extremity pain, which is not consistent with facet-mediated pain. Thus, the patient's clinical presentation does not suggest facet-mediated pain. Moreover, if the patient did have a clinical history consistent with facet-mediated pain, the guidelines in some situations would suggest one medial branch block, but the guidelines would not support an intra-articular facet block. For multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.