

Case Number:	CM14-0130713		
Date Assigned:	08/20/2014	Date of Injury:	11/08/2013
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old gentleman was reportedly injured on November 8, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 3, 2014, indicated that there were ongoing complaints of low back pain radiating to the right greater than left lower extremity. Current medications include Norco, cyclobenzaprine, and nabumetone. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and the SI joints. There was pain with facet loading on both the right and left side. Range of motion of the lumbar spine was decreased secondary to pain. There was decreased sensation to light touch over the left lateral and anterior leg and the lateral left foot. Diagnostic imaging studies of the lumbar spine showed a broad-based disc protrusion at L5-S1 with possible L5 and S1 nerve root impingement. There was also a disc protrusion at L3-L4 impressing the right L4 nerve root and bilateral foraminal stenosis at L3-L4 with possible compression of the left L3 nerve root. Previous treatment was not discussed. A request had been made for bilateral lumbar spine facet joint injections under fluoroscopy and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection- Steroid Bilateral Lumbar Facet Injections With Moderate Sedation And Under Fluoroscopy Guidance, Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks. The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, "facet joint blocks should not be given to patients with radicular symptoms and should not be given at more than two levels in one session." The progress note, dated May 3, 2014, indicated that there are radicular symptoms on physical examination. Additionally, this request does not specify which sites or how many sites are to be injected. As such, this request for bilateral lumbar facet injections with moderate sedation under fluoroscopic guidance is not medically necessary.