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| Case Number: | CM14-0163478 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/28/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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, has a subspecialty in Interventional Spine 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 patient is 64 year old male with an injury date on 04/28/12. Based on the 04/24/14 progress report provided [REDACTED] the patient complains of mechanical low back symptoms that limits his activities of daily living. There is numbness pain travel to his right lower extremity. There were no other significant findings noted on this report. His diagnoses include the following: 1. Status post cervical fusion 2. Persistent left upper extremity numbness related to the shoulder and the proximal arm. 3. Progressive mechanical low back pain 4. Right Sciatica 5. Right radiculopathy with sensory deficits in the L5 distribution [REDACTED] is requesting for lumbar facet injection of L4-L5 and L5-S1 bilaterally. The utilization review denied the request on 09/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/14 to 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injections of L4-5 and L5-S1 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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) Facet joint diagnostic blocks (injections), under Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

Decision rationale: According to the 04/24/14 report by [REDACTED], this patient present's lower back pain. The request is for lumbar facet injections of L4-5 and L5-S1 bilaterally. MTUS does not address medial branch block. However, ODG recommends "low-back pain that is non-radicular and at no more than two levels bilaterally." Reviews of the reports do not show that the patient has had a facet joint evaluation. However, the patient presents with radicular symptoms down the leg with positive sensory changes. ODG guidelines do not support facet injections when radicular symptoms are present. This request is not medically necessary.