

Case Number:	CM14-0031646		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2007
Decision Date:	07/24/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/12/2014

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: Emergency Medicine

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 injured worker is a 54-year-old male who sustained an industrial injury on August 27, 2007. He has reported low back pain with radiation into the left thigh and has been diagnosed with lumbago, bulging lumbar disc, lumbar facet arthropathy, spasms, cervicgia, lumbar radiculitis, and cervical radiculitis. Treatment has consisted of physical therapy, injection, medical imaging, and medications. Active range of motion forward flexion; 45 degrees extension, 15 degrees with more pain in extension. There was tenderness across the low back. There was decreased range of motion of the back. There was pain with flexion, rotation, and hyperextension and tenderness over L4-5, L5-S1 facets. There was a positive straight leg raise on the left and negative on the right. The treatment request included medications and bilateral facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injection to L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back-facet Joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral Facet Injection to L4-5, L5-S1, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. "The injured worker has range of motion forward flexion; 45 degrees extension, 15 degrees with more pain in extension. There was tenderness across the low back. There was decreased range of motion of the back. There was pain with flexion, rotation, and hyperextension and tenderness over L4-5, L5-S1 facets. There was a positive straight leg raise on the left and negative on the right. The treating physician has documented range of motion forward flexion; 45 degrees extension, 15 degrees with more pain in extension. There was tenderness across the low back. There was decreased range of motion of the back. There was pain with flexion, rotation, and hyperextension and tenderness over L4-5, L5-S1 facets. There was a positive straight leg raise on the left and negative on the right. The treating physician has not documented evidence of radiculopathy, which is a negative criteria for facet blocks and the treating physician has not documented intention for a subsequent neurotomy if positive. The criteria noted above not having been met, Bilateral Facet Injection to L4-5, L5-S1 is not medically necessary.