

Case Number:	CM14-0140758		
Date Assigned:	09/18/2014	Date of Injury:	12/08/2012
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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:

This 45 year-old patient sustained a lifting injury on 12/8/12 while employed by [REDACTED]. Request(s) under consideration include Lumbar facet injections at L3-4 for the lumbar spine, lumbar spine. Diagnoses include Lumbar sprain; Lumbosacral neuritis; Lumbago; mild degenerative facet changes at L3-4. Report of 8/6/14 from the provider noted the patient with low back pain radiating to right lower extremity with intermittent weakness. Current medication list Aleve. Conservative care has included therapy, medications, and modified activities/rest. Exam showed cervical spine range of motion intact; diffuse paraspinals tenderness with symmetrical reflexes and intact sensation and motor strength in upper extremities; lumbar spine has diffuse paraspinals tenderness, limited range of motion with intact neurological findings. MRI of lumbar spine noted mild degenerative changes at L3-4. The request(s) for Lumbar facet injections at L3-L4 was non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections at L3-L4 lumbar spine: 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 facet joint diagnosis blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. The patient is currently taking Aleve, no other medication noted. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing mild degenerative changes. Submitted reports have not demonstrated support outside guidelines criteria. Therefore, the request for Lumbar facet injections at L3-L4 lumbar spine is not medically necessary and appropriate.