

Case Number:	CM13-0046310		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2011
Decision Date:	03/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Spinal Surgery 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 physician 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 patient reported a date of injury of 2/25/11. Patient with report of low back pain. Exam note 10/16/12 demonstrates report of low back pain. Exam reports evidence of chronic facet syndrome. Report of diagnostic thermography 9/11/12 demonstrating inflammatory L4/5 and L5/S1 discopathy. Normal neurologic examination noted on exam. Request for facet block L1 to S1 under fluoroscopy. MRI lumbar spine from 11/6/12 demonstrates no evidence of facet arthropathy from L1 to S1. Exam note from 2/19/14 demonstrates normal neurologic examination. Request for right L3-S1 facet blocks under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

facet block injections at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: There is insufficient evidence of prior response to facet blocks to warrant further blocks. There is no evidence of any facet pathology on MRI imaging of the lumbar

spine. In addition there is no documentation of failure of conservative care 4-6 weeks prior to the proposed block to warrant the procedure. Therefore the determination is for non-certification.