MAXIMUS Federal Services

Case Number:	CM13-0053396		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2010
Decision Date:	07/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Medicine 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:

47 yr. old female claimant sustained a work injury on 3/29/10 involving the low back. She has a diagnosis of lumbar disc herniation and radiculitis. An MRI of the lumbar spine in June 2013 indicated L2-L3 and L4-L5 disc protrusion. She has used oral analgesics to control pain. She had received several epidural spinal injections with short-term improvement. A progress note on 9/20/13 indicated she had 5/10 pain and was taking Tylenol # 3 and Flexeril. Physical findings were notable for weakness in the left leg, diminished sensation on the left foot and pain with lumbar extension. Due to L5-S1 facet arthrosis, the treating physician recommended L5-S1 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5 FACET BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, facet joint injections are not recommended. There is little evidence to support their use and are of questionable merit. In

addition, the claimant already had 3 epidural injections with no long-term benefit. The request above is not medically necessary.

LEFT S1 FACET BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, facet joint injections are not recommended. There is little evidence to support their use and are of questionable merit. In addition, the claimant already had 3 epidural injections with no long-term benefit. The request above is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.