

Case Number:	CM14-0000607		
Date Assigned:	01/10/2014	Date of Injury:	09/24/2007
Decision Date:	06/13/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi and Texas. 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 injured worker is a 43-year-old female who was injured on September 24, 2007. Diagnoses included chronic low back pain, lumbar facet syndrome, lumbar radiculopathy, and lumbar degenerative disc disease. Current medications included Lyrica, Flector patches, Percocet, and Silenor. The clinical progress note from December 30, 2013 indicates the injured worker presents with right-sided low back pain radiating to the right buttock and right posterior lateral thigh. The clinician documents diminished sensation to touch and the right L5 and right S1 dermatomal distribution. The utilization review in question was rendered on December 18, 2013. The reviewer noncertified the requested diagnostic facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED DIAGNOSTIC RIGHT L4-L5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK, LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation pages 30-33, (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back- Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The MTUS does not address this topic and the American College of Occupational and Environmental Medicine (ACOEM) does not offer a specific recommendation for or against the use of these blocks. The (ODG) Official Disability Guidelines specifically notes that these blocks are not recommended in individuals with radicular low back pain. Based on the clinical documentation provided, the claimant has subjective complaints and objective findings of radiculopathy on examination. As such, the request is considered not medically necessary.