

Case Number:	CM14-0007526		
Date Assigned:	02/10/2014	Date of Injury:	07/21/2006
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in 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 53 year old female whose date of injury is 07/21/2006. She was lifting a client on this date and noted low back pain. The injured worker underwent lumbar facet blocks at L4-5 and L5-S1 on 07/01/13. Treatment to date also includes physical therapy, acupuncture and medication management. Progress note dated 12/09/13 indicates that the injured worker complains of severe pain. The injured worker underwent trigger point injections with no relief. Note dated 12/10/13 indicates that lumbar range of motion is restricted. Progress report dated 02/04/14 indicates that she has ongoing difficulty with low back pain. It is noted that request for facet blocks will be retracted, and medial branch blocks will be requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 FACET BLOCK: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: There is no current, detailed physical examination submitted for review and no recent imaging studies have been provided. Progress report dated 02/04/14 indicates that she has ongoing difficulty with low back pain. It is noted that request for facet blocks will be retracted, and medial branch blocks will be requested. The injured worker has undergone prior facet blocks at L4-5 and L5-S1; however, the injured worker's objective, functional response to these injections is not documented. Based on the clinical information provided, the request for bilateral L4-5 facet block is not recommended as medically necessary.

BILATERAL L5-S1 FACET BLOCK: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: There is no current, detailed physical examination submitted for review and no recent imaging studies have been provided. Progress report dated 02/04/14 indicates that she has ongoing difficulty with low back pain. It is noted that request for facet blocks will be retracted, and medial branch blocks will be requested. The injured worker has undergone prior facet blocks at L4-5 and L5-S1; however, the injured worker's objective, functional response to these injections is not documented. Based on the clinical information provided, the request for bilateral L5-S1 facet block is not recommended as medically necessary.