

Case Number:	CM14-0008751		
Date Assigned:	02/12/2014	Date of Injury:	08/10/2012
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurology, 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:

The injured worker is a 58-year-old female who sustained injuries to her neck and low back on August 10, 2012. Due to usual and customary duties at work that consisted of using her upper extremities for 14+ years with processing and tagging clothing. The injured worker rated her pain at 3-9/10 on the Visual Analog Scale (VAS). The injured worker was taking Ibuprofen and Flexeril as well as utilizing an ice pack. The injured worker also reported subsequent swelling, aching, pain, and numbness/tingling in the right upper extremity and digits 3-5 of the right-hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The level/laterality was not specified in the request. A clinical note dated January 9, 2014 reported that the injured worker underwent lumbosacral epidural steroid injection. The previous request was denied on the basis that the documentation identified the

injured worker being treated for radiculopathy, which is exclusionary criteria for performance of facet-targeted injections. The injured worker recently underwent a lumbar epidural steroid injection and it is too soon to determine if radiculopathy has resolved. Therefore, the request was not deemed medically necessary. There was no additional significant objective clinical information provided that would support overturning the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for lumbar facet block has not been established. The request for lumbar facet block is not medically necessary or appropriate.