

Case Number:	CM14-0152164		
Date Assigned:	10/13/2014	Date of Injury:	11/20/1996
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Management and Rehabilitation, 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 underlying date of injury in this case is 11/20/1995. The date of the initial utilization review under appeal is 09/11/2014. This patient's diagnosis is status post an anterior spinal fusion at L4-L5 and L5-S1. The patient was seen in orthopedic followup on 08/25/2014 with ongoing low back pain. Her pain is in the low back and occasionally the right more than left leg. The treating physician indicated that he was awaiting approval for facet blocks at these levels. The treating provider opined that facet blocks were indicated or acceptable, given that the patient had an anterior fusion only but not a posterior fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 and L5-S1 Facet Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines, Chapter 12, Low back, page 300, states that invasive techniques, including facet joint injections, are of questionable merit. The indication and

efficacy for this intervention would particularly be uncertain with a history of prior fusion. This request is not supported by the treatment guidelines. This request for L4-5 and L5-S1 facet blocks is not medically necessary.

1 pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This medical clearance is requested prior to facet blocks. Since the facet blocks were deemed to be not medically necessary, the request for preop clearance is not applicable and, thus, not medically necessary.