

Case Number:	CM14-0025956		
Date Assigned:	06/13/2014	Date of Injury:	12/09/2005
Decision Date:	08/14/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 41 year old male whose reported date of injury is December 09, 2005. The mechanism of injury is described as being struck by a drunk driver while working. The injured worker had previous microdiscectomy in November of 2006, subsequent anterior lumbar interbody fusion (ALIF) at L5S1 in July 2009 and (RFA) of the sacroiliac joint in 2012. The claimant has persistent low back pain predominantly in the right facet regions. There has been a repeat MRI which revealed the L5S1 fusion to be solid. There has been a recent physical exam March 28, 2014 with pain on provocation over the right lumbar facets. The request is for right lumbar facet injections at L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET NERVE BLOCKS AT RIGHT L3-L4 AND L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Injections.

Decision rationale: The claimant has pain over the lumbar facets on the Right L3-4 and L4-5. The requested injections are to diagnose and discern whether the right lumbar facet joints are the persistent pain generators. The previous facet injections were prior to the lumbar fusion and SI joint RFA. As such, the request is medically necessary.