

Case Number:	CM14-0028263		
Date Assigned:	06/13/2014	Date of Injury:	03/28/2007
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational Medicine 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:

Injured worker is a female with a date of injury 3/28/2007. Per treating physician's supplemental report dated 1/13/2014, the injured worker complains of 4/10 pain in the back, more on the right than left side, achy and worsened with standing and walking more so than sitting. She got good relief of the low back pain with the prior lumbar facetal block last performed in 2011, over two years ago, in conjunction with the oral medications and exercise. On exam lumbar pain is exacerbated with extension more so than with flexion, and the pain in the low back is more on the right than left side. There is minimal radiation distally. Lumbar paraspinals are tender with palpation. Clinical impression is consistent with facetal and/or discogenic pain along with lumbosacral radiculopathy more likely on the left side. Diagnoses include 1) lumbar strain 2) lumbar facetal syndrome 3) lumbar discogenic pain 4) lumbosacral radiculopathy 5) chronic pain 6) sacroiliitis not else classified (NEC).

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR FACETAL BLOCKADE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300, 309.

Decision rationale: The requesting physician is requesting a repeat of the right lumbar facet block over the lower three levels. He reports that she had good relief with this procedure, which was last performed in April 2011. He also reports that the injured worker desires this procedure and is experiencing inadequate maintenance of improvement with conservative care therapies. The requesting physician reports having reviewed prior medical records, but there is no report of what conservative measures have failed and no description the relief that was experienced from the prior procedure beyond "good". The MTUS Guidelines state that facet-joint injections are of questionable merit, and are not recommended. The request for right lumbar facet block is determined to not be medically necessary.