

Case Number:	CM14-0037136		
Date Assigned:	06/25/2014	Date of Injury:	07/10/2008
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation, 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 72 year old female whose date of injury is 07/10/2008. On this date the injured worker tripped and fell and her arms and shoulder hit a pallet. Report dated 04/18/14 indicates that the injured worker complains of back pain radiating into the left hip and down the left leg. On physical examination range of motion is 20% of normal in all planes. There is decreased sensation to pinprick in the left lower extremity. Straight leg raising is painful at 45 degrees on the left. Diagnoses are chronic cervical strain, advanced degenerative disc disease at C4-5, chronic lumbosacral strain, herniated disc at L4-5 and L5-S1, fracture of T10, T11 and T12, left greater trochanteric bursitis, and left sided disc bulging at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient facet blocks from L4 to sacrum on the left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,facet blocks.

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 Official Disability Guidelines note that facet injections are limited to injured workers with low back pain that is non-radicular. The submitted records indicate that the injured worker presents with radicular findings on physical examination including sensory loss and positive straight leg raising on the left. Additionally, there is no indication that the injured worker has undergone any recent active treatment. Therefore, the request for outpatient facet blocks from L4 to sacrum on the left is not medically necessary and appropriate.