

Case Number:	CM14-0045222		
Date Assigned:	07/02/2014	Date of Injury:	09/07/2007
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Pain 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:

The injured worker is a 43-year old-female who sustained injury on 09/07/2007. The mechanism of injury is unknown. She complains of low back pain rating 4/10 with spasm and severe tightness. On exam there was tenderness in the lumbar spine and right paraspinal. Lumbar flexion was 60 degrees, extension was 20 degrees, and side bending/rotation was 30 degrees. Muscle strength was 5/5 in both extremities. Sensation was intact throughout. Reflexes were 2+ and symmetrical. Babinski and straight leg test were both negative. Medications include Percocet, Flexeril and Soma. Past medical history includes endometriosis, hypertension, appendectomy, abdominal laparoscopy, surgery for repair of a nerve of the abdominal wall and lumbar spinal fusion. MRI on April 11, 2011, showed scar tissue at right L5-S1 area and minimal bulge at L3-L4. Diagnoses are lumbar spondylolisthesis, status post L4-S1 transforaminal lumbar interbody fusion September 2009, recent hardware removal surgery and augmentation of fusion surgery, lumbar spine hardware removal surgery September 2013. UR determination for lumbar facet block times 1 not-certified due to lack of medical necessity.

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

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 pain, Lumbar facet injection.

Decision rationale: According to the ODG facet joint therapeutic steroid injections are not recommended. In this case, the medical records document the injured worker had previous fusion. The request does not specify the lumbar facet levels. There is no imaging evidence of lumbar facet arthritis. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines.