

Case Number:	CM14-0061766		
Date Assigned:	07/09/2014	Date of Injury:	09/16/2013
Decision Date:	08/29/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice 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:

This is a 47 year old male claimant who sustained a work injury on 9/16/13 involving the back. He was diagnosed with lumbar disc injury and possible facet arthropathy o L3-L4 and L4-L5. An MRI on 1/13/14 indicated the claimant had a disc bulging at the L3-L5 region. A progress note on 5/6/14 indicated the claimant had persistent lumbosacral pain. Exam findings were notable for palpatory pain in the lumbar region that increases with extension and rotation. The treating physician recommended facet joint injections. On 6/2/14 the claimant underwent a medial branch block of L2, L3, and L4 to help alleviate the facet pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Medial branch blocks on Right L2,L3 and L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet-joint injections for Acute, Sub-Acute and Chronic Low Back Pain (Limited Evidence (C)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar pain. Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>.

Decision rationale: According to the ACOEM Guidelines, injection treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG,

diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. In this case, the claimant and physician did not have a plan for a neurotomy. There was no mention that the block was performed for diagnostic purposes. As such, the request is not medically necessary.