

Case Number:	CM14-0074831		
Date Assigned:	07/16/2014	Date of Injury:	06/06/2008
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old man was reportedly injured on June 6, 2008. The mechanism of injury was noted as lifting boxes and totes. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of low back pain. Current medications are stated to include Soma, ketoprofen, and Nucynta. The physical examination was stated to include no significant changes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine discectomy and fusion at L4-L5 and L5-S1. This was followed by a subsequent fusion at L3-L4. Additional treatment included a bilateral lumbar facet medial branch block at L2-L3 and L3-L4 as well as physical therapy and aquatic therapy. A request had been made for a repeat diagnostic/therapeutic medial branch facet block at L2-L3, L3-L4, and L4-L5 under fluoroscopic guidance and was not certified in the pre-authorization process on may first 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat diagnostic / therapeutic medial branch/facet blocks L2-3, L3-4 and L4-5 under fluoroscopic guidance: 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), Treatment Index, Low Back.

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 - Lumbar and Thoracic, Facet Joint Intra-Articular Injections, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines facet joint therapeutic blocks for the lumbar spine should not be performed on levels that have had a previous fusion. The injured employee has had a previous fusion at the L3-L4 and L4-L5 levels. Considering this, the request for a repeat diagnostic/therapeutic medial branch/facet block at L2-L3, L3-L4, and L4-L5 under fluoroscopic guidance is not medically necessary.