

Case Number:	CM14-0206227		
Date Assigned:	12/18/2014	Date of Injury:	09/15/2009
Decision Date:	02/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/21/14 note reports the insured has pain in the neck, right shoulder, right arm and back for five years. The insured has undergone physical therapy and had EMG in 5/2010 reported to be normal. Physical examination noted tenderness to palpation over the cervical paravertebral muscles and medial superior trapezius muscles. There is reported pain with cervical extension and end-range rotation. There is pain to palpation in the lumbar paravertebral muscles. There is pain with lumbar extension and positive lumbar facet loading maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic differential lumbar medial branch block at the bilateral L4-L5 and L5-S1 levels: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint diagnostic blocks (injections)

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, facet injections

Decision rationale: The medical records provided for review report back pain and document physical examination findings consistent with facet mediated pain. ODG guidelines do support

facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review support presence of facet mediated pain with failure of other conservative therapy including medication and physical therapy. As such facet injections are supported congruent with ODG. Therefore the request is medically necessary.