

Case Number:	CM15-0005510		
Date Assigned:	01/16/2015	Date of Injury:	07/19/2004
Decision Date:	03/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 42 year old female with date of injury 7/19/04. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of the pain to the right lower extremity since the date of injury. She has been treated with lumbar spine surgery, physical therapy and medications. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar spine paraspinous musculature, tenderness to palpation of bilateral lumbar facet joints. Treatment plan and request: facet and medial nerve block L4, L5, S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet and Medial Nerve Block L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 42 year old female has complained of neck and lo back pain since date of injury 7/19/04. She has been treated with physical therapy, cervical spine surgery, lumbar spine surgery and medications. The current request is for facet and medial nerve block L4, L5, S1. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, facet and medial nerve block L4, L5, S1 is not indicated as medically necessary.