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| Case Number: | CM15-0006598 | | |
| Date Assigned: | 01/21/2015 | Date of Injury: | 10/19/2012 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 01/07/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female who suffered a work related injury on 10/19/12. Per the physician notes from 12/08/14, she complains of back and bilateral lower extremity pain. The treatment plan consists of Naproxen, Omeprazole, Capsacin cream, and a facet medial branch block left L4-5, and L5-S1. On 01/07/15, the Claims Administrator non-certified the facet medial branch block left L4-5 and L5-S1 citing ACOEM guidelines. This non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet medial branch block lumbar left L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

Decision rationale: The claimant is being treated for chronic back and lower extremity pain after a work injury more than two years ago. When seen by the requesting provider she had left lower extremity weakness with decreased sensation and positive left straight leg raise. Criteria for the use of lumbar diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular pain and findings of radiculopathy and therefore the requested medial branch blocks are not medically necessary.