

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0160210 |                              |            |
| <b>Date Assigned:</b> | 08/26/2015   | <b>Date of Injury:</b>       | 06/27/2010 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 08/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 36 year old male who sustained an industrial injury on 6-27-10. He had complaints of bilateral wrist and low back pain. Treatments include: medication, physical therapy, wrist braces, acupuncture and bilateral wrist arthroscopy. Progress report dated 7-7-15 reports MRI of wrist not done yet. He continues with his low back being the issue. Diagnoses include: bilateral hand pain, lumbar sprain and strain and lumbar facet syndrome. Plan of care includes: requested x-ray of lumbar spine, request right L5-S1 facet block. Work status: total temporary disability for 4 more weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 facet block x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 36.

**Decision rationale:** In this case, supporting documentation was not provided to indicate need for facet blocks. Mention of facet tendered, failed prior conservative therapy and plan of care subsequent to the blocks. Blocks provide temporary relief and are not recommended by the ACOEM guidelines. The request for the L5 S1 block is not medically necessary.

**X-rays of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the guidelines, x-rays are recommended for fracture or red flags. In this case, the claimant had lumbar x-rays in April 24, 2015 that were normal. There was no mention of new injury or acute symptoms. The request for another x-ray of the lumbar spine is not medically necessary.