

Case Number:	CM15-0186540		
Date Assigned:	09/28/2015	Date of Injury:	09/10/2001
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 60-year-old female, who sustained an industrial injury on 9-10-2001. Medical records indicate the worker is undergoing treatment for lumbar pain, lumbosacral pain and sacroiliac pain. A recent progress report dated 8-14-2015, reported the injured worker complained of ongoing, constant back pain rated 9 out of 10 that radiated to the bilateral thighs. Physical exam from 6-16-2015 showed lumbosacral facet tenderness and "decreased lumbar range of motion". Treatment to date has included 12 visits of physical therapy that increased the pain, massage therapy with no relief, chiropractic care and home exercise program help the pain minimally and NSAID (non-steroidal anti-inflammatory drugs) do not provide adequate pain relief. On 8-14-2015, the Request for Authorization requested Bilateral lumbar 4-5 and lumbar 5-sacral 1-facet blocks. On 9-14-2015, the Utilization Review noncertified the request for bilateral lumbar 4-5 and lumbar 5-sacral 1 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet blocks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks.

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 chapter and pg 36.

Decision rationale: According to the guidelines, facet blocks can be provided for those without radiculopathy and facet joint pain who have failed conservative treatment. The claimant does have pain unrelieved by physical therapy and medications. The request for a facet block of L4-S1 is appropriate and medically necessary.