

Case Number:	CM15-0026438		
Date Assigned:	02/23/2015	Date of Injury:	07/03/2012
Decision Date:	03/30/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old female, who sustained an industrial injury on July 3, 2012. She has reported lower back pain and leg pain. The diagnoses have included lumbar spine disc displacement and lower back pain. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit and lumbar spinal fusion. A progress note dated January 27, 2015 indicates a chief complaint of continued but improved back pain and bilateral hip and thigh pain. Physical examination showed tenderness to palpation of the lumbar spine and positive straight leg raises. The treating physician is requesting pain management facet block at bilateral L5-S1 level. On February 11, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management facet block, at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: MTUS Guidelines mention facet injections, but they do not provide adequate details regarding the appropriate use of this procedure. ODG Guidelines provide the necessary details and have minimum standards to justify the procedure. These standards include necessary physical exam findings and deliniation of the specific type of injection. These Guideline standards have not been met as there are no supportive exam findings and the type of injection (intr-articular vs MBBs) is not deliniated. Under these circumstances the request for the L5-S1 bilateral facet blocks is not supported by Guidelines and is not medically necessary.