

Case Number:	CM15-0029149		
Date Assigned:	02/23/2015	Date of Injury:	12/05/2007
Decision Date:	04/21/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on 12/05/07. Initial complaints and diagnoses are not provided in the submitted documentation. Prior treatments include a fusion at L5-S1 and medications. Prior diagnostic studies include a MRI. Current complaints include bilateral low back pain, worse on the left with radicular symptoms. In a progress note dated 01/19/15, the treating provider recommends bilateral facet injections at L4-5 and continued medications. The requested treatments are facet joint injections at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at L4-L5 joint under fluoroscopy & monitored anesthesia care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the 01/19/2015 report, this patient presents with primarily of back pain, worse on the left. The current request is for facet block at L4-L5 joint under fluoroscopy and monitored anesthesia care. The request for authorization is on 01/20/2014. The patient's work status is "as per PTP." Regarding medial branch blocks, MTUS does not address this procedure, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." The medical reports provided indicate no evidence of prior MBB. The treating physician indicates the patient "still has some pain radiating down his left lower extremity." In this case, the treating physician documented that the patient has back pain but there is no indication that the patient has lumbar paravertebral facet tenderness with non-radicular symptoms. Therefore, the requested MBB is not supported by ODG Guidelines at this time. The request IS NOT medically necessary.