

Case Number:	CM15-0036407		
Date Assigned:	03/04/2015	Date of Injury:	10/08/2010
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male reported a work-related injury on 10/08/2010. According to the progress report dated 1/15/15, the injured worker (IW) reports lower back pain and intermittent leg pain. The IW was diagnosed with degenerative spondylosis of the lumbar spine, spondylolisthesis at L5-S1 and bilateral pars defect. Previous treatments include medications, physical therapy, epidural steroid injections and surgery. The treating provider requests bilateral L5-S1 facet blocks. The Utilization Review (UR) on 01/29/2015 non-certified the request for bilateral L5-S1 facet blocks, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 54 year old male has complained of low back pain since date of injury 10/8/10. He has been treated with epidural steroid injection, surgery, physical therapy and medications. The current request is for bilateral L5-S1 facet block. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral L5-S1 facet block is not indicated as medically necessary.