

Case Number:	CM15-0050830		
Date Assigned:	03/24/2015	Date of Injury:	06/12/2003
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male sustained an industrial injury on 6/12/03. He subsequently reported low back pain. Diagnoses include lumbosacral spondylosis without myelopathy. Treatments to date have included prescription pain medications. The injured worker continues to experience low back pain. A request for Special supplies and Bilateral L4-L5, L5-S1 Facet Joint Injection was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special supplies Phys/qhp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 6-7.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain. When seen by the requesting provider, medications were

providing 30% pain relief. There was decreased lumbar spine range of motion with pain on side bending and with extension. In terms of this request, the nature of the supplies and the intended purpose is not specified. The CPT code is 99070 - supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided). Since the item(s) being requested are not specified, the request is not medically necessary.

Bilateral L4-L5, L5-S1 Facet Joint Injection: 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).

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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain. When seen by the requesting provider, medications were providing 30% pain relief. There was decreased lumbar spine range of motion with pain on side bending and with extension. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.