

Case Number:	CM15-0053969		
Date Assigned:	03/27/2015	Date of Injury:	10/03/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 41 year old male sustained an industrial injury on 10/3/12. He subsequently reported rib, right elbow and hip pain. Diagnoses include right pelvis fracture. Diagnostic testing has included x-rays. Treatments to date have included prescription pain medications. The injured worker continues to experience right hip, right foot and neck pain. A request for Prospective: 1 Set of Diagnostic Facet Blocks Bilaterally at L4-L5 under Fluoroscopic Guidance 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:

Prospective: 1 Set of Diagnostic Facet Blocks Bilaterally at L4-L5 under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, (Lumbar & Thoracic) (Acute & Chronic).

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 sustained a work-related injury with a right pelvic fracture in October 2012. He continues to be treated for pain including ongoing severe back pain reported as disabling. When seen, he had decreased and painful lumbar spine extension and rotation. Straight leg raising was negative and there was a normal lower extremity neurological examination. 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 pain on range of motion consistent with facet mediated pain. He has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.