

Case Number:	CM15-0055338		
Date Assigned:	03/30/2015	Date of Injury:	10/05/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
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: California
Certification(s)/Specialty: Emergency 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 61 year old male who sustained a work related injury on October 5, 2009, incurring back injuries. He was diagnosed with degenerative disc disease with radiculopathy, thoracic disc disease, lumbar sprain with disc disease and stenosis. Treatment included epidural steroid injections, pain patches, neuropathy medications, and oral pain medications. Currently, the injured worker complained of ongoing pain in his back radiating down his right leg. The treatment plan that was requested for authorization included one lumbar sacral facet joint injection/medial branch block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar sacral facet joint injection/medial branch block with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested One lumbar sacral facet joint injection/medial branch block with fluoroscopy, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has ongoing pain in his back radiating down his right leg. The treating physician has documented presence of radiculopathy - which is a negative criteria for this procedure. The criteria noted above not having been met, One lumbar sacral facet joint injection/medial branch block with fluoroscopy is not medically necessary.