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| Case Number: | CM15-0055996 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/17/2004 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 54 year old female with an industrial injury dated 08/17/2004. Her diagnosis includes chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis and degeneration of lumbar or lumbosacral intervertebral disc. Prior treatments include medications, epidural steroid injection and MRI. The injured worker presents on 02/04/2015 with complaints of bilateral leg, thoracic spine, bilateral knees, low back and bilateral ankle and foot pain. She rates the pain without medications as 10/10 and an average of 8/10 with medications. Physical exam noted left sided facet tenderness and myofascial tenderness. The treating physician documents he reviewed the risks/benefits of lumbar facet blocks with the injured worker is requesting authorization for a lumbar 3-sacral 1 facet block to address ongoing facet tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paravertebral facet joint injections, L3-S1, Left, Fluoroscopy and Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Low Back Disorders (update to Chapter 12) and Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections) section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, facet blocks.

Decision rationale: ODG guidelines support medial branch blocks for diagnosis of lumbar pain with demonstrated physical exam findings of facet mediated pain and no findings of radiculopathy who have failed other conservative care. The medical records support the insured has positive physical exam findings consistent with facet mediated pain. The insured does not have radiculopathy and has failed other conservative care including PT and medications. The insured is supported for facet medial branch blocks for diagnostic purposes congruent with ODG guidelines. Therefore is medically necessary.