

Case Number:	CM15-0060460		
Date Assigned:	04/06/2015	Date of Injury:	09/22/2008
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a 73-year-old female, with a reported date of injury of 09/22/2008. The diagnoses include lumbar spondylosis, lumbar degenerative disc disease, and lumbar failed back syndrome. Treatments to date have included L5-S1 fusion, oral medications, an MRI of the lumbar spine, and a computerized tomography (CT) scan of the lumbar spine. The initial comprehensive pain management report dated 03/10/2015 indicates that the injured worker complained of low back pain with radiation to the lateral hips. She rated the pain at least 7 out of 10, and at its worse was 10 out of 10. Her current pain rate was 8 out of 10. The objective findings include pain on palpation of the lumbar facet on both sides, pain over the lumbar intervertebral spaces, pain with lumbar extension, pain with bilateral lateral flexion, and moderately lumbar stiffness. The treating physician requested a bilateral lumbar facet block at L3-4 and L4-5 with fluoroscopy and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block L3-4, L4-5 bilateral with fluoroscopy and monitored anesthesia care:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

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

Decision rationale: This 73 year old female has complained of low back pain since date of injury 9/22/08. She has been treated with physical therapy, lumbar spine surgery and medications. The current request is for Lumbar facet block L3-4, L4-5 bilateral with fluoroscopy and monitored anesthesia care. 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, lumbar facet block L3-4, L4-5 bilateral with fluoroscopy and monitored anesthesia care is not medically necessary.