

Case Number:	CM15-0060478		
Date Assigned:	04/07/2015	Date of Injury:	03/04/1996
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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 61 year old male injured worker suffered an industrial injury on 03/04/1996. The diagnoses included lumbar facet arthropathy with lumbar fusion. The diagnostics included lumbar x-rays and magnetic resonance imaging. The injured worker had been treated with medications, physical therapy, chiropractic, and epidural steroid injections. On 2/24/2015, the treating provider reported back pain and difficulty walking. He reported he still feels sharp pain in the right low back, which wraps around the side of the hip. The pain is 5/10. There is a gait impairment. The treatment plan included Right sided facet block L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided facet block L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks.

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

Decision rationale: This 61 year old male has complained of low back pain since date of injury 3/4/96. He has been treated with chiropractic therapy, epidural steroid injection, physical therapy and medications. The current request is for right sided facet block L5-S1. 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, right sided facet block L5-S1 is not indicated as medically necessary.