

Case Number:	CM14-0121451		
Date Assigned:	08/06/2014	Date of Injury:	08/06/2012
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, Kentucky and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female whose date of injury is 08/06/2012. The injured worker was cleaning on all fours under a table and felt a pop in the back. Note dated 04/14/14 indicates that the injured worker has undergone unknown nerve procedures. On physical examination there is 5/5 strength in the bilateral lower extremities and sensation is intact. Note dated 05/12/14 indicates that the injured worker has undergone radiofrequency lesioning of the facets. The injured worker reported 70% pain relief for approximately 4 months. Diagnosis is lumbago. The injured worker was recommended for diagnostic facet injections and if successful, possibly radiofrequency procedure. The injured worker underwent L4-5 epidural steroid injection on 06/18/14. The injured worker reported 30% pain relief for the first week and 20% pain relief for the second week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Facet Block: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: Based on the clinical information provided, the request for bilateral L5-S1 facet block is not recommended as medically necessary. The submitted records indicate that the injured worker has been recommended for diagnostic facet blocks with radiofrequency procedure to follow if successful. However, the Official Disability Guidelines note that medial branch blocks are the appropriate diagnostic tool prior to radiofrequency ablation. The injured worker is noted to have undergone prior successful radiofrequency ablation of the lumbar spine. Therefore, there is no clear rationale provided to support the requested block, and medical necessity is not established in accordance with the Official Disability Guidelines.

Right L4-5 Facet Block: Upheld

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

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 Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: Based on the clinical information provided, the request for right L4-5 facet block is not recommended as medically necessary. The submitted records indicate that the injured worker has been recommended for diagnostic facet blocks with radiofrequency procedure to follow if successful. However, the Official Disability Guidelines note that medial branch blocks are the appropriate diagnostic tool prior to radiofrequency ablation. The injured worker is noted to have undergone prior successful radiofrequency ablation of the lumbar spine. Therefore, there is no clear rationale provided to support the requested block, and medical necessity is not established in accordance with the Official Disability Guidelines.