

Case Number:	CM14-0149781		
Date Assigned:	09/18/2014	Date of Injury:	07/30/2012
Decision Date:	10/17/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 34 year old man involved in a work related injury from 7/30/12. The injured worker sustained a low back injury which also led to leg pain. On 1/13/14, the injured worker underwent a left L4-5 microdiscectomy. Post operatively, the injured worker continues to complain of back pain. The injured worker was seen on 9/2/14 at which time there was palpable tenderness to the paralumbar musculature overlying the bilateral L4-5 and L5-S1 facets. The injured worker had pain with range of motion of the lumbar spine, extension worse than flexion. The request was made for facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back - Lumbar & Thoracic

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, Facet joint diagnostic blocks (injections)

Decision rationale: The injured worker at this time has ongoing low back pain. His exam and subjective complaints taken together are suggestive of facet mediated pain source, something for which facet joint medial branch blocks might be appropriate. However, as previously noted, clinical guidelines indicate not to perform facet blocks until a reasonable course of conservative care has been undertaken. The injured worker was seen in 9/14, after having had surgery in 1/14. The details of the injured worker's conservative care, especially a formal physical therapy rehabilitation program, are not included, and data suggests that the injured worker did not have any formal physical therapy (PT) after his surgery and/or targeting his ongoing axial back pain. Given this, the clinical guidelines are not completely met, and the data does not support performing the requested service.