

Case Number:	CM14-0167960		
Date Assigned:	10/15/2014	Date of Injury:	10/06/2005
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 American Board Internal Medicine and is licensed to practice in 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 (IW) is a 49-year-old woman with a date of injury of October 6, 2005. The IW was working as a caregiver for [REDACTED] and was injured while lifting. There are no other details describing the specific injury in the medical record. The progress noted dated September 22, 2014 shows that the IW has documented facet arthrosis at L4-L5 and L5-S1. The IW symptoms are consistent with mechanical pain that is exacerbated with extension, rotation, and palpation along a right perspective level. Her neurological function remains unchanged. CT report dated April 28, 2014 indicated facet hypertrophy, most pronounced at L4-L5 and L5-S1, with L4-L5 more severe since prior examination. The IW has pain with movement, which is worsened with percussion. Prior treatment is not documented. Current diagnosis is documented as lumbar disc degeneration. The treating physician is requesting outpatient lumbar medial branch block/facet injections at L4-L5 and L4-S1. There is no documentation of current medications or failed treatments in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: medial branch block/facet at L4-5, L5-S1 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Complaints; Facet Joint Injections/Blocks

Decision rationale: Pursuant to the Official Disability Guidelines, the requested facet joint injections are not medically necessary. The guidelines enumerate the criteria for diagnostic facet blocks. One requirement is the documentation of the failure of conservative treatment. This would include home exercise, physical therapy, and non-steroidal anti-inflammatory drug use prior to the procedure for at least 4 to 6 weeks. In this case, there is no documentation in the medical record as to conservative treatment. There was no indication of non-steroidal anti-inflammatory drug use, no physical therapy, and no home exercises documented. Based on the clinical documentation and the peer-reviewed evidence-based guidelines medial branch block/facet L4-L5 and L5-S1 levels is not medically necessary.