

Case Number:	CM14-0185568		
Date Assigned:	11/13/2014	Date of Injury:	03/15/2013
Decision Date:	12/30/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation 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 is being treated for chronic low back pain. There is a date of injury of 3/15/13. Treatment diagnoses include lumbar discogenic disease and lumbar spine facet arthrosis. Current back pain is rated as 8/10 which interferes with walking activity. Physical examination shows decreased lumbar spine range of motion, positive straight leg raise test on the right at 70 and decreased sensation in the L4-S1 dermatome and tenderness over the lumbar facet joints. On 9/16/14 request was made for bilateral L4-S1 lumbar spine facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks at bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The injured worker presents with chronic back pain. Documented physical exam findings are consistent with right lumbar radiculopathy. Documentation lacks demonstration of provocative maneuvers to elicit lumbar facet joint pain. MTUS Guidelines does not recommend lumbar facet joint injections for management of chronic back pain. In

addition, records lack supportive information for the diagnosis of lumbar facet joint mediated pain. The request is therefore not medically necessary.