

Case Number:	CM14-0218664		
Date Assigned:	01/08/2015	Date of Injury:	01/13/2011
Decision Date:	03/04/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female who sustained injuries to her right arm, shoulder and right hip following a fall. Treatment has included physical therapy, medications and lumbar facet block under fluoroscopy. Diagnosis is right lumbar facet syndrome. (MRI) magnetic resonance imaging of the lumbar spine performed on 8/5/14 revealed mild 2-3 mm central protrusion with partial annular tear without nerve root impingement, canal or lateral recess stenosis. There is trace left facet hypertrophy and no foraminal stenosis. Also, mild facet hypertrophy without canal or foraminal stenosis at L4-L5. PR2 dated 11/25/14 revealed no new injury or change to condition and slow active range of motion of lumbar spine with pain on extension. She noted 40% improvement with facet blocs, however they have been denied. A Request for Authorization dated 12/5/14 was for L4-5 L5-S1 block injection. She continues to work at full duty. On 12/12/14 Utilization review non-certified L4-5 and L5-S1 facet block injection noting the clinical findings do not to support the medically necessary of the treatment. The MTU, ACOEM Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 facet block injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back pain and Facet blocks,

Decision rationale: In this case, the claimant had undergone a facet block in the past. It was most recently performed in September 2014. According to the guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines, facet blocks are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested, The claimant had already received an injection. Additional facet blocks are not medically necessary.