

Case Number:	CM15-0126536		
Date Assigned:	07/13/2015	Date of Injury:	03/18/2014
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old male who sustained an industrial injury on 03/18/2014. Mechanism of injury when installing a 140 pound speaker using a lift, it swung forward and pushed him backwards into the wall of the cage, injuring his lower back and shoulder. Diagnoses include lumbar radiculopathy and lumbar sprain. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injection. He is temporarily totally disabled. A physician progress note dated 04/23/2015 documents the injured worker complains of low back pain and leg pain that is worse with activities. He has decreased left L4 sensations, decreased left AJ, and a positive straight leg raise. There is lumbar tenderness present to palpation. He has a normal gait. The treatment plan includes continuation of medications. He was encouraged to lose weight and discussed the importance of regular exercise. Treatment requested is for bilateral lumbar L4-L5, L5-S1 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L4-L5, L5-S1 Facet blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 & Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Bilateral Lumbar L4-L5, L5-S1 Facet blocks are not medically necessary.