

Case Number:	CM15-0177889		
Date Assigned:	09/18/2015	Date of Injury:	07/17/2014
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 7-17-14. Medical record indicated the injured worker is undergoing treatment for lumbar sprain-strain and lumbar facet syndrome with right sided S1 radiculopathy. Treatment to date has included physical therapy, chiropractic therapy, pain medications including Tramadol and Ibuprofen, epidural injections (noting 1 day of complete, then symptoms returned) and activity modifications. (MRI) magnetic resonance imaging report was not submitted with documentation for review. Currently on 8-6-13 the injured worker complained of right lower extremity L5 radiculopathy as well as low back and right lower extremity pain and on 8-13-15, the injured worker complains of severe back pain with radiation to the right lower extremity, mostly to the ankle where there is numbness and tingling in the ankle. Physical exam performed on 8-6-13 revealed mild tenderness to palpation in right paraspinal distribution and on 8-13-15 revealed decreased sensation in right thigh, calf and feet. A request for authorization dated 8-13-15 was submitted for (MRI) magnetic resonance imaging of lumbar spine, Ambien 10mg #30 and facet blocks at L4-5 and L5-S1. On 9-3-14 utilization review non-certified a request for outpatient facet blocks at L4-5 and L5-S1 noting the (MRI) magnetic resonance imaging dated 2-5-15 noted L4-5 disc protrusion with mild bilateral recess stenosis, right greater than left, there is unclear L4-5 spondylolisthesis and guidelines note local injections and facet injections of low back are of questionable merit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient facet blocks at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.