

Case Number:	CM15-0077582		
Date Assigned:	04/29/2015	Date of Injury:	02/28/2012
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 65 year old male, who sustained an industrial injury on 2/28/12. He reported pain in the neck, left shoulder, lower back, and legs. The injured worker was diagnosed as having bilateral lower extremity radiculopathy, lumbar spinal stenosis at L5-S1, and multilevel lumbar spondylosis. Treatment to date has included chiropractic care, physical therapy, and a Cortisone injection to the lower back. The injured worker stated the previous treatments provided only temporary pain relief. A MRI obtained on 12/11/14 revealed disc bulges as L2-3, L4-5, and L5-S1. Retrolisthesis of L3-4 with disc bulge was noted. Currently, the injured worker complains of numbness and tingling in bilateral upper extremities and low back pain. The treating physician requested authorization for a L4-5 facet block (medial branch block).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 facet block (medial branch block): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, facet.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of L4-5 facet injections congruent with ODG. Therefore, this request is not medically necessary.