

Case Number:	CM14-0142891		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2003
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine 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 a 56 year old male whose date of injury is 08/06/2003. The mechanism of injury is not described. Treatment to date includes selective nerve root blocks, transcutaneous electrical nerve stimulation unit and medication management. Follow up note dated 08/05/14 and 08/19/14 indicate that the injured worker is status post bilateral L3-S1 facet joint injection and medial branch nerve block. Progress report dated 08/27/14 indicates that on physical examination there is lumbar flexion 70, extension 20 degrees and 50 degrees bilateral rotation and tilt. Diagnoses are lumbar spondylosis, foraminal stenosis, and radicular syndrome of the lower extremities and rule out lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 facet joint nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation (ODG-TWC), Low Back Procedure Summary, (updated 08/22/14)

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 Chapter, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: Based on the clinical information provided, the request for bilateral L3-S1 facet joint nerve block is not recommended as medically necessary. The injured worker underwent prior recent facet joint blocks at these levels. The Official Disability Guidelines note that therapeutic facet injections are under study. Additionally, the current request is excessive as the Official Disability Guidelines note that no more than two levels should be injected.