

Case Number:	CM13-0055616		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation 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:

This patient report a date of injury of 8/06/12. Mechanism of injury was role play assault, where the patient was playing roles to assist in the training of military personnel. During one of these sessions, he was "manhandled", and shoved to the ground, causing injury to the head, low back and left knee. The patient also reported psychiatric sequelae from the "attack", and is seeing a psychiatrist for this. With regards to the orthopedic injuries, the pateint had conservative care, including medications, therapy, acupuncture, bracing and modified activity. The patient has low back pain that radiates to the left leg with assocaited numbness and tingling and exam that shows a positive SLR. MRI was done of the lumbar spine, and this showed multilevel disc protrusions and facet hypertrophy that contributed to foraminal stenosis. Electrodiagnostic studies were also done, and showed findings that suggested a left S1 radiculopathy. Subsequent study showed findings suggestive of bilateral L5-S1 radiculopathy. The patient did have lumbar ESI done on 7/30/13. The patient was evaluated by a spine specialist, who noted that the patient is a surgical candidate, but prior to consideration of surgery, the specialist recommended psyche treatment and subsequent clearance, orthopedic treatment of the knee, and conservative options exhausted for the lumbar spine. The pateint is under the care of a pain specialist who is recommending facet blocks. His exam does show reduced ROM, but does not reveal any findings that suggest facet mediated pain. The exam, however, does show a positive SLR and reduced motor strength. Symtoms are also consistent with radicular pain with radiation of symptoms to the left leg with associated numbness and tingling. This was submitted to Utilization Review on 11/11/13, and the request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet nerve blocks at L3-4 and L4-5 (1st level once, 2nd level once, each additional level three times) with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Guidelines support the use of diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care. In this case, the patient has clear symptoms, exam findings and diagnostic imaging/electrodiagnostics that support the diagnosis of lumbar radiculopathy. There are no exam finding documented that suggest that facet mediated pain is more likely than pain from nerve root compression/inflammation. The patient has had an ESI, but the submitted reports do not discuss the response to that injection. As the diagnosis of facet mediated pain is not clinically supported by symptoms or exam, but are highly suggestive of radicular pain, there is no medical necessity for facet nerve blocks.