

Case Number:	CM14-0007727		
Date Assigned:	02/07/2014	Date of Injury:	12/18/2008
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 patient is a 50-year-old male who has submitted a claim for Lumbar Spondylosis and Lumbar Degenerative Disc Disease associated with an industrial injury date of December 18, 2008. Medical records from 2009 through 2013 were reviewed, which showed that the patient complained of right-sided low back pain radiating to the buttock and thigh. He denied lower extremity numbness, tingling, or weakness. On physical examination, inspection revealed mild anterior rotation of the right innominate with a mild functional shortening of the right lower extremity. Gait was normal. Lumbar spine examination revealed mildly restricted extension with tenderness along the right L4 and L5 paraspinals. Straight leg raise test was negative. No sensorimotor deficits of the lower extremities were noted. Treatment to date has included medications, physical therapy, home exercise program, TENS unit, and sacroiliac joint belt. Utilization review from January 8, 2014 denied the request for right facet joint nerve block at L4-5 and L5-S1 because guidelines do not recommend this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FACET JOINT NERVE BLOCK AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet Joint Diagnostic Blocks (Injections)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not specifically address facet joint diagnostic blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for the use of facet blocks for facet-mediated pain include: (1) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (2) documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) no more than two facet joint levels are injected in one session. In this case, a right L4-5 and L5-S1 facet joint nerve block was requested for diagnostic purposes. However, the medical records revealed presence of radiating low back pain. Furthermore, there was no documentation of failure of conservative management. As a result, the criteria were not met. Therefore, the requested treatment is not medically necessary.