

Case Number:	CM14-0009005		
Date Assigned:	01/29/2014	Date of Injury:	12/28/2010
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and 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 52 year-old patient sustained an injury on 12/28/10 while employed by [REDACTED]. Request under consideration include bilateral lumbar caudal facet block at L5-S1. Report of 11/19/13 from the provider noted the patient with increased back pain with tightness in the morning and radiating symptoms. Exam showed pain with lumbar extension and rotation; good range of the hips, knees, and ankles; spasm across the lumbar spine with decreased range of motion. Diagnoses included lumbar spine disc degeneration, facet arthropathy s/p microscopic discectomy with resolution of leg pain for the most part; instability of lumbar spine and disc dessication. MRI per report of 2/26/13 noted compression of nerve at L5-S1 with 5-6 mm disc herniation with compression of the S1 nerve root. The patient underwent injections without benefit. The request for the bilateral lumbar caudal facet blocks were non-certified on 12/23/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR CAUDAL FACET BLOCK AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 (therapeutic injections), pages 412-418.

Decision rationale: This 52 year-old patient sustained an injury on 12/28/10 while employed by [REDACTED]. Request under consideration include bilateral lumbar caudal facet block at L5-S1. Report of 11/19/13 from the provider noted the patient with increased back pain with tightness in the morning and radiating symptoms. Exam showed pain with lumbar extension and rotation; good range of the hips, knees, and ankles; spasm across the lumbar spine with decreased range of motion. Diagnoses included lumbar spine disc degeneration, facet arthropathy s/p microscopic discectomy with resolution of leg pain for the most part; instability of lumbar spine and disc dessication. MRI per report of 2/26/13 noted compression of nerve at L5-S1 with 5-6 mm disc herniation with compression of the S1 nerve root. The patient underwent injections without benefit. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. Facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. MRI report has not shown any facet arthropathy, but has demonstrated possible etiology for radicular symptoms. Submitted reports have not demonstrated any remarkable clinical findings on exam to support for the facet blocks outside guidelines criteria. The bilateral lumbar caudal facet block at L5-S1 is not medically necessary and appropriate.