

Case Number:	CM14-0112418		
Date Assigned:	09/16/2014	Date of Injury:	06/03/2013
Decision Date:	12/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 35-year-old female presenting with a work-related injury on June 3, 2013. The patient complained of low back pain. The physical exam was significant for pain with radiating pain to the right leg. MRI of the lumbar spine showed L45 herniated nucleus pulposus small tear of the in. With the 3.5 mm protrusion, patent or foramen, only hypertrophy of facet, ligamentous thickening; at L5 S1, dehiscence of nucleus pulposus was small tear; with 5.5 mm nucleus pulposus. The physical exam was significant for lumbar spine reduce range of motion, positive supine straight leg raise is to 90 bilaterally, look like tenderness over the midline at L2 to the sacrum with left greater than right localized tenderness over the paravertebral muscles bilaterally, fever and flexion/internal rotation maneuver on the right are positive for central and lateral lower back pain. The patient was diagnosed with lumbar spine sprain/strain, lumbar disc degeneration with two level annular tears and disc bulge, aggravation of lumbar spondylosis with radicular complaints. A request was made for lumbar facet block L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Complaints, Treatment Considerations

Decision rationale: Facet Block L4-5 and L5-S1 is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed in patients who have had a previous fusion procedure at the plan injection level. The physical exam does not clearly indicate facet pain. The physical findings were indicative of radicular pain for example positive straight leg raise bilaterally; therefore the requested procedure is not medically necessary.