

<b>Case Number:</b>	CM14-0027484		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/20/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, has a subspecialty in Interventional Spine 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 62 year old male with an injury date of 01/20/02. Based on the 01/31/14 progress report provided by [REDACTED], the patient complains of low back pain with radiation to the left lower extremity (above the knee) with numbness and tingling to the left side of the low back. He also complains of muscle spasms on the left side. "Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature, lumbosacral junction and sciatic notch with muscle spasms on the left paravertebral musculature. Kemp's test is positive on the left." The patient's diagnoses include a lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis, with history of L4-L5 disc protrusion/stenosis; an MRI scan of the lumbar spine dated 01/27/14 revealing mild facet arthropathy, mild central canal narrowing at L4-L5, multilevel one-millimeter midline disc bulge and scoliotic curvature. [REDACTED] is requesting for one pain management consultation for consideration of lumbar spine facet block. The utilization review determination being challenged is dated 02/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/12/13- 05/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PAIN MANAGEMENT CONSULTATION FOR CONSIDERATION OF LUMBAR SPINE FACET BLOCK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**Decision rationale:** According to the 01/31/14 report by [REDACTED], the patient presents with low back pain with radiation to the left lower extremity (above the knee) with numbness and tingling to the left side of the low back. The request is for one pain management consultation for consideration of lumbar spine facet block. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Therefore the request is medically necessary.