

Case Number:	CM14-0077820		
Date Assigned:	07/18/2014	Date of Injury:	05/06/2011
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/26/2014

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 injured worker is a 30 year old male who has persistent low back pain since a severe motor vehicle accident on 05/06/2011. He has been treated with minimal benefits from physical therapy, chiropractic and acupuncture. He utilizes Vicodin a few times per weeks and notes his pain is 3-4 VAS at rest and up to 5 VAS with activity. A MRI studies revealed L5-S1 degenerative disc changes without myelopathy, mild retrolisthesis is noted with no translation during flexion or extension maneuvers, pain management consultation documents tenderness over the left lower facets with radiation into the buttocks. Examinations by the primary treating physician and orthopedic AME evaluator within a few weeks of this request did not document facet joint findings and did not recommend facet joint blocks. The records sent for review do not document if the primary treating physician is in agreement with these findings and recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 facet medial branch block under fluoroscopic guidance: 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, diagnostic blocks.

MAXIMUS 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, Facet Blocks, Facet Signs and Symptoms.

Decision rationale: The MTUS Guidelines briefly discuss facet joint procedures, but they only discuss intra-articular injections which are no longer recommended. The ODG Guidelines address this issue in detail and do allow for diagnostic facet nerve blocks if there is facet tenderness which duplicates the pain and there is no evidence of radiculopathy/radiculitis. A consulting physician documents facet tenderness, the very thorough AME evaluator and primary treating physician have not. If the treating physician duplicates the same exam findings and supports the request for diagnostic facet blocks, the request may meet Guideline standards. However, at this point in time, the primary treating physician has not adequately established that the request meets Guideline standards and the Left L4-5, L5-S1 facet nerve blocks are not medically necessary.