

Case Number:	CM14-0198909		
Date Assigned:	12/09/2014	Date of Injury:	09/07/2004
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 is a 62 year old female who sustained a work related injury on September 7, 2004. The mechanism of injury was a trip and a fall. Diagnostic testing included an MRI of the lumbar spine dated August 28, 2014, which revealed multilevel degenerative joint disease of the lumbar spine with moderate central spinal canal stenosis at L3-4 and L4-5 with multivariable foraminal stenosis, moderate disc herniation on the right at L4-5 level. There was also significant multilevel lateral recess stenosis as well. A current progress report dated October 30, 2014 notes that the injured worker reports intractable back pain, stabbing in nature with radiation into both legs, worse in the left leg. Pain level was rated at nine out of ten on the Visual Analogue Scale. She reports fifty percent pain reduction and fifty percent functional improvement with activities of daily living with prescribed pain medication. Medications include OxyContin, Norco for pain and Valium for muscle spasms. Physical examination of the lower back revealed limited range of motion with flexion at thirty degrees and extension at ten degrees. Palpation revealed rigidity in the lumbar truck suggesting muscle spasm. Motor strength, sensation and deep tendon reflexes were grossly intact in the lower extremities with the exception of some altered sensory loss to light touch and pinprick in the right lateral calf and bottom of her foot. Positive straight leg raise bilaterally. Diagnoses include lumbago, sprain lumbar region, osteoarthritis, sprain lumbosacral and myalgia and myositis. The documentation supports the injured worker was not working. The treating physician requested facet blocks at L3-4, L4-5 and L5-S1 levels under fluoroscopy. Utilization Review evaluated and denied the request for the facet blocks on November 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks at L3, L4, L4, L5 and L5 S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections)

Decision rationale: As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria are procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. Patient has radicular pain from known disc herniation and the multiple levels of L3-4, L4-5 and L5-S1 is not appropriate. Facet block are not medically necessary.