

Case Number:	CM15-0005581		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2007
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 12/5/2007. The current diagnoses are piriformis syndrome, status post L5-S1 fusion, failed back syndrome, lumbar radiculopathy, and sacroiliitis. Currently, the injured worker complains of increased low back pain that radiates into the lower extremities. He reports that his left leg pain is significantly improved after a recent transforaminal epidural steroid injection. He is still experiencing pain right near the left lumbosacral junction. The pain is rated 8/10 on a subjective pain scale. Current medications are Gabapentin, Lunesta, OxyContin, and Percocet. Treatment to date has included medications, brace, physical therapy, epidural steroid injections, and surgery. The treating physician is requesting lumbar facet block at left L5-S1 joint under fluoroscopy and anesthesia, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for lumbar facet block at left L5-S1 joint under fluoroscopy and anesthesia. The lumbar facet block at left L5-S1 joint under fluoroscopy and anesthesia was non-certified based on no clear medical rationale to proceed with the facet injection given that level is fused at L5-S1 and the patient has previously failed a rhizotomy, suggesting that the facet joint does not mediated the symptoms. The ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block at Left L5-S1 joint under fluoroscopy and anesthesia: 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: Low Back Chapter, Facet Joint Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating low back pain. Prior treatments have included an L5-S1 fusion. Criteria for the use of lumbar diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. Facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has radicular symptoms and has undergone a fusion at the level requested for treatment. Therefore the requested medial branch block at L5-S1 is not medically necessary.