

Case Number:	CM15-0100464		
Date Assigned:	06/02/2015	Date of Injury:	03/19/2001
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on March 19, 2001. The mechanism of injury was not provided. The injured worker has been treated for neck, back and rib complaints. The diagnoses have included lumbosacral facet arthropathy, lumbar spine stenosis, lumbar disc herniation, intercostal neuralgia, failed back surgery syndrome, lumbar radiculopathy, left-sided foot drop, cervical disc herniation, cervical disc desiccation and left fifth rib fracture. Treatment to date has included medications, radiological studies, spinal cord stimulator implantation, home exercise program and a lumbar spine fusion. Current documentation dated May 8, 2015 notes that the injured worker reported constant lumbosacral pain and left fifth rib pain. The low back pain was rated a two out of ten on the visual analogue scale. Examination of the lumbar spine revealed tenderness of the lumbosacral musculature with multiple taut bands with trigger points. Range of motion was decreased in the back with guarding and apprehension. A lumbar extension test was positive for concordant pain, but not down the legs. A facet compression/distraction test was also positive. The treating physician's plan of care included a request for facet medial branch blocks, lumbar three, lumbar four, lumbar five (lumbar four-five and lumbar five-sacral one facet joints) right side first and the left side second.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet medial branch blocks, L3, L4, & L5 (L4-5 & L5-S1 Facet joints), Right side first, Left side second: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit symptoms of chronic back and leg pain complaints, with diagnosis of lumbar radiculopathy. Additionally, facet blocks are not recommended without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently and at previous surgical sites as requested here. Submitted reports have not demonstrated support outside guidelines criteria. The Facet medial branch blocks, L3, L4, & L5 (L4-5 & L5-S1 Facet joints), Right side first, Left side second are not medically necessary and appropriate.