

Case Number:	CM15-0130983		
Date Assigned:	07/17/2015	Date of Injury:	10/30/2014
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii
 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 32 year old male, who sustained an industrial injury on October 30, 2014, incurring low back and mid back injuries after heavy lifting. A lumbar Magnetic Resonance Imaging revealed a central disc protrusion causing compression of the thecal sac, facet joint hypertrophy, and lumbar disc bulging. He was diagnosed with lumbar disc disease, and lumbar facet hypertrophy. Treatment included chiropractic sessions, physical therapy, acupuncture, lumbar brace, pain medications and work restrictions. Currently, the injured worker complained of persistent low back pain radiating to the bilateral hips and left lower extremity. He complained of cervical pain, and bilateral shoulder pain. He noted increased pain of the back and shoulders on range of motion along with spasms. The treatment plan that was requested for authorization included a right lumbosacral intra-articular facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 intra-articular facet block: 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 (ODG), Low Back & Lumbar & Thoracic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, and Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The patient presents with pain affecting the low back, which radiates into the bilateral extremities. The current request is for Right L4-5 and L5-S1 intra-articular facet block. The treating physician states in the report dated 6/12/15, "It is medically indicated for the patient to have a right L4-5 and right L5-S1 Intra-articular facet block to treat the inflammatory component of his lumbar facets". (21B) The ODG guidelines support intra-articular if, "No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, No more than 2 joint levels may be blocked at any one time, and There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy". In this case, the treating physician has documented symptoms of radiculopathy and has not provided a plan for exercise for after the injection. The current request is not medically necessary.