

Case Number:	CM15-0135840		
Date Assigned:	07/23/2015	Date of Injury:	09/09/2013
Decision Date:	08/20/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 34 year old male sustained an industrial injury to the neck, back and right shoulder on 10/24/10. The injured worker's back was re-injured on 9/9/13. Previous treatment included physical therapy, chiropractic therapy, one spinal injection and medications. The injured worker reported minimal relief, if any from the spinal injection. In a pain management evaluation dated 6/19/15, the injured worker complained of mid and low back pain radiating to bilateral lower extremities associated with stiffness, tightness as well as numbness to bilateral thighs and right toes. The injured worker rated his pain 4/10 on the visual analog scale with medications and 10/10 without. Physical exam was remarkable for lumbar spine with decreased range of motion. The injured worker had difficulty extending up from the floor and used his hands to push himself up from a forward flexed position. The physician noted that magnetic resonance imaging showed L4-5 and L5-S1 annular tears. X-rays of the lumbar spine showed mild levoscoliosis with unclear visualization of bilateral facet joints at L4-5 and L5-S1. Current diagnoses included L4-5 and L5-S1 annular tears and bilateral facet degenerative changes at L4-5 and L5-S1. The treatment plan included diagnostic bilateral facet blocks at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L5-S1 facet block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in September 2013. He was evaluated on 06/19/15. He was having mid and low back pain radiating into the lower extremities to the Cava with stiffness and tightness and bilateral anterior thigh numbness. He was having numbness of the right toes. Ibuprofen, Norco, and soma were being prescribed. Physical examination findings included decreased lumbar extension. Imaging results were reviewed. Authorization for bilateral lumbar facet blocks was requested. Criteria for the use of 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. In this case, there are no physical examination findings that support a diagnosis of facet mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers and the claimant is having radicular symptoms. The requested facet blocks are not medically necessary.