

Case Number:	CM15-0139068		
Date Assigned:	07/29/2015	Date of Injury:	09/30/2014
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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 68 year old male, who sustained an industrial injury on September 30, 2014. The injured worker reported sustaining injuries to the neck, left shoulder, and low back secondary to involvement in a motor vehicle accident in his truck. The injured worker was diagnosed as having lumbar four to five herniated nucleus pulposus. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, x-rays of the lumbar spine, magnetic resonance imaging of the lumbar spine, lumbar epidural steroid injection, and physical therapy. In a progress note dated March 05, 2015 the treating physician indicated prior lumbar epidural steroid injection performed on February 20, 2015 that was remarkable for 40 to 50% improvement, but the treating physician also reported left low back pain that radiated to the buttocks and mid leg. In a progress note dated April 21, 2015 the treating physician reports decreased sensation to the left lower extremity, tenderness to the lumbar muscles, and tenderness to the sacroiliac region on the left side. The treating physician requested fluoroscopically-guided diagnostic left lumbar four to five and left lumbar five to sacral one facet medial branch block, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically-guided diagnostic Left L4-5 and Left L5-S1 Facet Joint Medial Branch Block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316,309.

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-related injury in September 2014 and is being treated for low back and left leg pain. A lumbar epidural steroid injection in February 2015 provided 40-50% pain relief of radiating symptoms. Treatments have also included medications and physical therapy. Lumbar spine surgery is being recommended which the claimant wishes to avoid. When seen, there was lumbar facet tenderness and positive facet loading. He was having low back and left buttock pain. 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, the claimant has low back and left buttock pain with positive facet loading and tenderness. Radicular symptoms were treated with an epidural steroid injection with improvement. He has undergone prior conservative treatments. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.