

Case Number:	CM15-0160171		
Date Assigned:	08/26/2015	Date of Injury:	09/22/2014
Decision Date:	09/29/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 38 year old male police officer who sustained an industrial injury on 09-22-2014. There was no mechanism of injury documented. The injured worker was diagnosed with displaced lumbar intervertebral disc and sciatica. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, chiropractic therapy (6 sessions), physical therapy (18 sessions), home exercise program and medications. According to the primary treating physician's progress report on July 22, 2015, the injured worker continues to experience low back pain and right lateral foot numbness. The injured worker rates his current pain level at 4 out of 10 on the pain scale reaching 8 out of 10 at times. Examination demonstrated tenderness along the right paravertebral muscles of the lower lumbar spine. The injured worker is able to flex with fingers to toes without increased pain and extension to 30 degrees with low back pain. Positive facet loading maneuvers on the right were documented. Straight leg raise was negative bilaterally. Motor strength and deep tendon reflexes were intact bilaterally. Sensation was noted to be decreased in the right lateral foot. The injured worker was noted to have a non-antalgic gait. Current medications were listed as non-steroidal anti-inflammatory drugs (NSAIDs). Treatment plan consists of a trial of Meloxicam and the current request for a right lumbar facet block to L4-L5-S1 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Block, L4-L5 and L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Diagnostic Blocks (injections).

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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Right Lumbar Facet Block, L4-L5 and L5-S1 (sacroiliac), is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has low back pain and right lateral foot numbness. The injured worker rates his current pain level at 4 out of 10 on the pain scale reaching 8 out of 10 at times. Examination demonstrated tenderness along the right paravertebral muscles of the lower lumbar spine. The injured worker is able to flex with fingers to toes without increased pain and extension to 30 degrees with low back pain. Positive facet loading maneuvers on the right were documented. Straight leg raise was negative bilaterally. Motor strength and deep tendon reflexes were intact bilaterally. Sensation was noted to be decreased in the right lateral foot. The treating physician has documented evidence of radiculopathy, via right lower extremity paresthesias and S1 radiculopathy on electrodiagnostic testing, which is a negative criteria for facet blocks. The criteria noted above not having been met, Right Lumbar Facet Block, L4-L5 and L5-S1 (sacroiliac) is not medically necessary.