

Case Number:	CM15-0162030		
Date Assigned:	08/28/2015	Date of Injury:	05/08/2000
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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 72 year old female who sustained an industrial injury on 05-08-2000. Mechanism of injury occurred when she stepped into a freight elevator and hit her forehead on the lower edge of the gate and it knocked her backwards hitting her head on the concrete. Diagnoses include chronic low back pain, chronic left hip pain due to possible osteoarthritis, possible left lumbar radiculopathy with spinal stenosis, and rule out peripheral neuropathy in the lower extremities. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, and use of a four wheeled walker, lumbar brace and support, application of heat and ice, and home exercise program. On 05-26-2015 a Magnetic Resonance Imaging of the lumbar spine revealed L4-L5 mild right lateral recess stenosis with mild right L4 foraminal narrowing due to moderate to marked disc height reduction with disc bulging and facet arthropathy, and left L5-S1 mild bilateral stenosis of the lateral recessed with mild right L5 foraminal narrowing. Current medications include Cymbalta and Lidoderm patches. A physician progress note dated 07-13-2015 documents the injured worker complains of low back pain on the left side, and she has pain in her left hip with shooting pain down her left thigh and knees. She also complains of pain in both her feet and hands. She rates her pain as 6 out of 10 at its best and 10 out of 10 at its worst. There was tenderness to palpation of the lumbar sacral region especially at the L4-S1 levels, and spasm was present. Range of motion was restricted. Straight leg raise was positive for low back pain bilaterally. She had diminished pinprick sensation in the right L5

dermatome. There were absent deep tendon reflexes in the right patellar tendon and absent deep tendon reflexes in the bilateral gastrocnemius tendon. Treatment requested is for left L2-L3, L3-L4 and L4-L5 facet block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-L3, L3-L4 and L4-L5 facet block injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 has a remote history of a work-related injury in May 2000 and is being treated for low back pain with symptoms that also radiate to the left lower extremity. When seen, she was primarily having low back pain which was radiating to the buttock. Physical examination findings included an antalgic gait. There was lumbar tenderness with decreased range of motion. Straight leg raising caused low back pain. There was decreased hip flexion strength bilateral and decreased r L5 sensation. The left patellar reflex was absent. A three level facet block procedure 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. No more than two facet joint levels are to be injected in one session. 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. Physical examination findings are consistent with radiculopathy. A three level procedure is being requested. The requested injection procedure is not considered medically necessary.