

Case Number:	CM15-0163620		
Date Assigned:	08/31/2015	Date of Injury:	12/30/2010
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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 53 year old male, who sustained an industrial injury on 12-10-2010. He reported neck and low back pain following a motor vehicle accident. Diagnoses include lumbar disc disease, radiculopathy, facet syndrome and bilateral sacroiliac joint sprain-strain. Treatments to date include activity modification, back brace, physical therapy, chiropractic therapy, and epidural steroid injections. Currently, he complained of ongoing low back pain with radiation to right lower extremity. The records documented 40-50% improvement in pain from a right side lumbar epidural injection administered on 6-15-15. On 7-21-15, the physical examination documented diffuse lumbar tenderness and facet tenderness with positive bilateral sacroiliac tests, and right side straight leg tests. The plan of care included a request to authorize bilateral L3 through L5 medial block injections in bilateral L4-5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L3 through L5 medial branch block injections in the bilateral L4-L5 and L5-S1 facet joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic), Facet joint 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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in December 2010 and is being treated for radiating low back pain. In June 2015 right-sided transforaminal epidural injections were done with 40-50% pain relief. When seen, he was having on and off radicular symptoms. His BMI was 38. There was an antalgic gait. There was diffuse lumbar paraspinal muscle tenderness with moderate lower lumbar facet tenderness. There was right piriformis tenderness and positive piriformis stress testing. Sacroiliac joint testing was positive bilaterally. Kemp and Farfan testing was positive bilaterally. Right-sided straight leg raising was positive. There was decreased lumbar spine range of motion. There was decreased right lower extremity strength and sensation. Left lower extremity reflexes were decreased. Authorization for bilateral lower lumbar medial branch blocks was requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular. In this case, the claimant has radicular complaints and physical examination findings of decreased strength, sensation, and reflexes with positive straight leg raising consistent with lumbar radiculopathy. The requested injection procedure is not medically necessary.