

Case Number:	CM15-0169097		
Date Assigned:	09/09/2015	Date of Injury:	09/02/2014
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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 50 year old female who sustained an industrial injury on 09-02-2014. The mechanism of injury was not made known. Computed tomography imaging of the lumbar spine performed on 09-20-2012 revealed status post total disc arthropathy at the L4-L5 segment. The implant appeared satisfactory. There was no evidence of canal stenosis or adjacent level disc disease. There was no evidence of instability or disc herniation. On 03-08-2013, MRI of the lumbar spine revealed no disc herniation, spinal stenosis or foraminal compromise at any level. There was mild to moderate facet arthropathy from L3-4 through L5-S1 which could tribute to facet syndrome. The L4-5 level was incompletely evaluated due to susceptibility artifact from the prosthetic disc which did not appear to be totally MRI compatible. According to the only progress report submitted for review and dated 07-16-2015, the injured worker reported intermittent pain in the low back. Pain was worsening, L5-S1 facet pain. She had hardware related pain. She reported difficulty sleeping. Examination of the lumbar spine revealed a well-healing incision. There was no neurologic deficit in the lower extremities. Neurovascular status was grossly intact in the lower extremities. Diagnosis included lumbago status post posterior lumbar interbody fusion. Medications were ordered under a separate cover letter. The treatment plan included authorization request for L5-S1 facet block with rhizotomy. An authorization request dated 08-12-2015 was submitted for review. The requested services included L5-S1 facet block with rhizotomy. On 08-20-2015, Utilization Review (UR) non-certified L5-S1 facet block with rhizotomy, noting that the current physical examination findings were not indicative of facet-mediated pain for which a facet block at L5-S1 would be medically indicated. The UR physician also noted that a facet block response was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 facet block with Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain after a posterior lumbar fusion. When seen, she was having intermittent and worsening back pain. Physical examination findings included a low BMI. There was a healing incision. 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. Lumbar radiofrequency ablation is also being requested at the same time which is not appropriate without documentation of a positive diagnostic block. The request is not considered medically necessary.