

Case Number:	CM15-0180668		
Date Assigned:	09/22/2015	Date of Injury:	10/11/2012
Decision Date:	10/26/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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 51 year old male, who sustained an industrial injury on 10-11-2012. The injured worker is being treated for chronic intractable left sided low back pain, left buttock and thigh pain, status post lumbar laminectomy, rule out lumbar instability, rule out residual lumbar stenosis, and post laminectomy syndrome. Treatment to date has included surgical intervention (laminectomy, decompression facetectomy and foraminotomy, 2013), diagnostics, acupuncture, physical therapy and home exercises. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker reported increasing left sided low back pain. He also has pain that radiates down his left leg in the front and back of his leg down to about knee level with associated numbness and tingling. Objective findings included tenderness in the left side facet joints of L4-5 and L5-S1, there was more pain on lumbar extension and left lateral bending. There was full range of motion except for flexion 40 degrees. Walking gait was normal. Sensation was intact to pinprick in L3-S1 dermatomes. Work status was retired; permanent and stationary. The plan of care included diagnostics. On 8-21-2015, Utilization Review non-certified a request for left L4-5 and left L5-S1 facet blocks due to documentation of radiculopathy based on the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 facet block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks (therapeutic 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 October 2012 and is being treated for low back pain after undergoing a multilevel laminectomy. When seen, he was having increased left low back pain with radiating pain into both the front and back of the left leg to the level of the knee with associated numbness and tingling. He had not had recent imaging. He was performing home exercises. Physical examination findings included left lumbar facet tenderness with positive left facet loading. There was decreased left hip flexion and knee extension strength. 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 is having left sided radicular symptoms with left thigh pain. The findings of numbness and tingling and decreased strength as reported could represent left sided adjacent level stenosis and do not support facet medial pain or completely support prior radiculopathy at the previous levels treated surgically.

Left L5-S1 facet block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint medial branch blocks (therapeutic 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 October 2012 and is being treated for low back pain after undergoing a multilevel laminectomy. When seen, he was having increased left low back pain with radiating pain into both the front and back of the left leg to the level of the knee with associated numbness and tingling. He had not had recent imaging. He was performing home exercises. Physical examination findings included left lumbar facet tenderness with positive left facet loading. There was decreased left hip flexion and knee extension strength. 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 is having left sided radicular symptoms with left thigh pain. The findings of numbness and tingling and decreased strength as reported could represent left sided adjacent level stenosis and do not support facet medial pain or completely support prior radiculopathy at the previous levels treated surgically.