

Case Number:	CM15-0182292		
Date Assigned:	09/23/2015	Date of Injury:	05/23/2014
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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 32 year old male, who sustained an industrial injury on May 23, 2014. He reported low back pain with radiating pain to the lower extremities, buttocks, thigh and calf, worse on the left than the right. The injured worker was diagnosed as having lumbar spondylosis, lumbar disc displacement and lumbar facet arthropathy. Treatment to date has included diagnostic studies, "multiple sessions" of physical therapy with 80% improvement in low back pain and 20% improvement in lower extremity pain, bilateral facet blocks at lumbar 5 through sacral 1 (3-13-2015), medications and work restrictions. It was noted on January 29, 2015, he was working modified duty. Currently, the injured worker continues to report low back pain with radiating pain to the lower extremities, buttocks, thigh and calf, worse on the left than the right. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. Evaluation on May 28, 2015, revealed no change in symptoms since the previous visit. It was noted he had good days and bad and felt the previous epidural steroid injection was wearing off. He noted no radiating pain and mild tenderness to palpation of the lumbar spine. There was noted full range of motion with negative straight leg raise test. He was to return to full duty on May 28, 2015. Evaluation on July 20, 2015, revealed no significant changes since the previous exam. It was noted he would like to have additional facet blocks for pain. The RFA included requests for Facet L3-S1 bilateral blocks and was non-certified on the utilization review (UR) on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet L3-S1 bilateral blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter.

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), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury May 2014 and is being treated for radiating low back pain. Bilateral L5/S1 intra-articular facet injections were done in March 2015. An MRI of the lumbar spine in October 2014 showed findings of advanced L5/S1 disc desiccation with narrowing and moderate facet arthropathy. There was moderate facet arthropathy at L1/2, L3/4, and L4/5. When seen by the requesting provider in July 2015, the claimant reported that the injections done in March had provided significant relief of low back pain. Physical examination findings included lumbar spine tenderness with negative straight leg raising and normal strength. His MRI results were reviewed. Authorization was requested for repeat facet blocks from L3-S1. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for lidocaine and would be expected to last longer when Bupivacaine is used. In this case, the claimant's response to the intraarticular injections done with Bupivacaine and Depo-Medrol in March is unknown. If there had been a positive diagnostic response, then a repeat block procedure would not be required. If there had been a partial positive diagnostic response, then a two level medial branch block procedure could be considered. However, now being requested is a three level block procedure and blocking more than two levels is not recommended. For any of these reasons, the request is not considered medically necessary.