

Case Number:	CM15-0185388		
Date Assigned:	09/25/2015	Date of Injury:	10/11/2012
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 10/11/2012. Current diagnoses include chronic intractable left-sided lower back pain, left buttock and thigh pain, status post lumbar laminectomy, rule out lumbar instability, rule out residual lumbar stenosis, post laminectomy syndrome, and facetogenic pain. Report dated 08-31-2015 noted that the injured worker presented with complaints that included back pain with numbness in the anterior thigh. Current medications include gabapentin, sertraline, finasteride, losartan, and metformin. Pain level was not included. Physical examination performed on 08-31-2015 revealed tenderness in the left side facet joints, more pain on lumbar extension and left lateral bending, decreased left psoas and left anterior tibialis muscle strength. Previous diagnostic studies included an MRI. Previous treatments included medications, surgical intervention, and physical therapy. The physician noted that the thigh numbness is chronic and was present prior to surgical intervention, and not a new symptom. The treatment plan included requests for facet block injections and follow up in 6 weeks. The utilization review dated 09/14/2015, non-certified the request for left L4-5 facet block injection and left L5-S1 facet block injection

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 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, Criteria for the use of diagnostic blocks for facet "medicated" pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker sustained a work related injury on 10/11/2012. The medical records provided indicate the diagnosis of chronic intractable left-sided lower back pain, left buttock and thigh pain, status post lumbar laminectomy, rule out lumbar instability, rule out residual lumbar stenosis, post laminectomy syndrome, and facetogenic pain. Treatments have included medications, surgical intervention, and physical therapy. The medical records provided for review do not indicate a medical necessity for Left L4-5 facet block injection. The medical records indicate the injured worker was last seen about two years ago, but on a return visit the injured worker complained of worsening low back pain that had not responded to home exercise therapy. Which symptoms and signs suggestive of facet joint pain, the provider requested for facet joint injections. The MTUS does not recommend facet injections; although the Official Disability Guidelines recommends Facet injections for certain cases of low back-pain suspect to be facet mediated, this guidelines does not recommend diagnostic facet block unless there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, the requested treatment is not medically necessary until the injured worker has failed conservative treatment that includes physical therapy and NSAIDs for 4-6 weeks.

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, Criteria for the use of diagnostic blocks for facet "medicated" pain.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks.

Decision rationale: The injured worker sustained a work related injury on 10/11/2012 . The medical records provided indicate the diagnosis of chronic intractable left-sided lower back pain, left buttock and thigh pain, status post lumbar laminectomy, rule out lumbar instability, rule out residual lumbar stenosis, post laminectomy syndrome, and facetogenic pain. Treatments have included medications, surgical intervention, and physical therapy. The medical records provided for review do not indicate a medical necessity for: Left L5-S1 facet block injection . The medical records indicate the injured worker was last seen about two years ago, but on a return visit the injured worker complained of worsening low back pain that had not responded to home exercise therapy. Which symptoms and signs suggestive of facet joint pain, the provider requested for facet joint injections. The MTUS does not recommend facet injections; although the Official Disability Guidelines recommends Facet injections for certain cases of low back-pain suspect to be facet mediated, this guidelines does not recommend diagnostic facet block unless there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, the requested treatment is not medically necessary until the injured worker has failed conservative treatment that includes physical therapy and NSAIDs for 4-6 weeks.