

Case Number:	CM15-0187393		
Date Assigned:	09/29/2015	Date of Injury:	10/08/2001
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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 male who sustained an industrial injury on 10-8-2001. An MRI was performed 8-20-2015 with note of "Advanced degenerative changes" L4-5 and L5-S1 with associated facet arthrosis. Documented treatment includes lumbar decompression reconstruction L3-L4 on 6-13-2005, but he has experienced "progressive deterioration" at L4-5 and L5-S1 with back pain radiating to the lower extremity. He has also been treated with pain medication. Other treatments for this injury are not provided in the recent medical records. The injured worker continues to present with worsening low back pain and "lower extremity symptoms." Examination on 8-24-2015 revealed sensory changes at L4-5 and L5-S1 dermatomes, pain along L4-S1 facet joints with palpation, and symptoms are noted to become worse with extension and rotation. No pain rating was provided at this office visit. The treating physician's plan of care includes facet injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 facet injection at levels L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. 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 has a remote history of a work injury occurring in October 2001. He underwent an L3/4 fusion on 06/13/15. He was seen by the requesting provider on 08/24/15. He was having progressive back pain and lower extremity symptoms. Physical examination findings included decreased lower extremity strength with lower extremity sensory changes. There was lower lumbar facet pain with palpation and pain was exacerbated with extension and rotation. Imaging results were reviewed with findings of advanced lower lumbar facet arthropathy. Bilateral lumbar medial branch blocks were requested. 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, when requested, the claimant was less than three months status post surgery and had not completed post-operative physical therapy treatments. He had lower extremity symptoms with findings consistent with radiculopathy. A medial branch block procedure is not medically necessary.