

Case Number:	CM15-0189438		
Date Assigned:	10/01/2015	Date of Injury:	08/14/2014
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Emergency 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 49 year old male with a date of injury on 08-14-2014. The injured worker is undergoing treatment for lumbar facet syndrome, degenerative disc with moderate disc herniation at L5-S1 and lumbosacral sprain with radicular symptoms. A physician note dated 07-31-2015 documents the injured worker has significantly reduced range of motion of the lumbar spine. He has 0 degrees of lumbar extension with pain, which indicates lumbar facet syndrome. A physician progress note dated 09-11-2013 documents the injured worker complained of ongoing lower back pain with pain radiating to the left buttock. His medications provide some relief of pain but his pain has increased since therapy has stopped. There is tenderness to the lumbar paraspinal and range of motion is restricted, with pain with flexion and extension. Treatment to date has included diagnostic studies, medications, 12 physical therapy sessions, 12 chiropractic sessions, lumbar interlaminar epidural steroid injection, lumbar support brace and a home exercise program. The Request for Authorization dated 09-20-2015 includes physical therapy 2 x a week for 3 weeks, and Lumbar medial branch facet blocks at bilateral L4-5 and L5-S1. On 09-17-2015 Utilization Review non-certified the request for Lumbar medial branch facet blocks at bilateral 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:

Lumbar medial branch facet blocks at bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Lumbar medial branch facet blocks at bilateral L4-5 and L5-S1, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has ongoing lower back pain with pain radiating to the left buttock. His medications provide some relief of pain but his pain has increased since therapy has stopped. There is tenderness to the lumbar paraspinal and range of motion is restricted, with pain with flexion and extension. Treatment to date has included diagnostic studies, medications, 12 physical therapy sessions, 12 chiropractic sessions, lumbar interlaminar epidural steroid injection, lumbar support brace and a home exercise program. The treating physician has well documented evidence of radiculopathy, which is a negative criteria for medial branch blocks. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, Lumbar medial branch facet blocks at bilateral L4-5 and L5-S1 is not medically necessary.