

Case Number:	CM15-0192379		
Date Assigned:	10/06/2015	Date of Injury:	04/10/2014
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This is a 27 year old male who sustained an industrial injury on 4-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy. According to the progress report dated 8-12-2015, the injured worker complained of chronic low back pain rated 3 to 8 out of 10. The pain radiated into the bilateral lower extremities, left greater than right. The physical exam (8-12-2015) revealed an antalgic gait. Sensation was decreased in the right L5 and S1 dermatomes. Spasm and guarding was noted in the lumbar spine. There was tenderness to palpation at the lumbosacral region with associated muscle tension. Treatment has included lumbar epidural steroid injection with temporary relief, physical therapy and medications. Current medications (8-12-2015) included Cyclobenzaprine, Hydrocodone-APAP, Gabapentin, Motrin and Norco. The physician noted that the injured worker had facet arthropathy at L5-S1 on x-ray. The original Utilization Review (UR) (9-17-2015) denied a request for bilateral lumbar facet joint injections at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injection at L4-L5, L5-S1, fluoroscopic guidance 1, IV sedation: 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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in November 2013 while lifting a heavy object with a coworker. When seen, he was having pain rated at 3-8/10 with radiating symptoms into the left greater than right lower extremity. Physical examination findings included decreased spinal range of motion. There were lumbar spasms with guarding. There was decreased lower extremity strength and sensation. Straight leg raising was negative. There was an antalgic gait. His body mass index is over 33. Authorization for bilateral lumbar facet injections with moderate sedation is being 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, the claimant is having radicular pain and there is decreased lower extremity strength and sensation consistent with a diagnosis of radiculopathy. There are no findings of facet tenderness or pain with facet testing or loading maneuvers. Additionally, IV sedation with unspecified medications is also being requested. If opioid medication such as Fentanyl or intravenous sedation with agents such as Versed (midazolam) is used, this may be considered as negating the results of a diagnostic block. For both of these reasons, the requested medial branch block procedure is not medically necessary.