MAXIMUS Federal Services

Case Number:	CM15-0196967		
Date Assigned:	10/12/2015	Date of Injury:	03/19/2001
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59 year old man sustained an industrial injury on 3-19-2001. Diagnoses include lumbosacral facet arthropathy, lumbar spinal stenosis, and status post lumbar spine surgery. Treatment has included oral medications, surgical intervention, spinal cord stimulator, and right steroid injection lumbar hardware-facet block with good results. Physician notes dated 9-14-2015 show complaints of low back pain rated 7 out of 10. The physical examination shows an unchanged examination with the exception of the pain now being on the left side as opposed to the right. Multiple tender points were noted throughout the lumbosacral musculature and taut bands with trigger points. Range of motion is "decreased" with guarding and apprehension. Lumbar extension test is positive for concordant pain, facet compression-distraction test is positive for concordant pain down the left low back, and decreased right L5 dermatome with an antalgic gait. Recommendations include left side lumbar hardware-facet block injection. Utilization Review denied a request for left lumbar hardware-facet blocks on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar hardware/facet blocks, left L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Facet joint diagnostic blocks (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 chapter and pg 36.

Decision rationale: According to the guidelines, facet blocks are indicate for those without radicular pain and no prior history of spinal fusion who do not respond to conventional therapy. In this case, the claimant had undergone a prior fusion and has sensory abnormalities consistent with radicular symptoms. As a result, the request for lumbar facet blocks is not medically necessary.