

Case Number:	CM15-0203304		
Date Assigned:	10/20/2015	Date of Injury:	11/27/2000
Decision Date:	12/03/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 38 year old male who sustained an industrial injury on 11-27-2000. A review of medical records indicates the injured worker is being treated for lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar degenerative disc disease, lumbago, and right sided sacroiliitis. Medical records dated 9-14-2015 noted low back pain with no change in symptoms. Pain was rated a 5 out of 10. Physical examination noted tenderness to palpation along the lower back and along the right sided sacroiliac joint. Lumbar flexion was limited to 75 degrees secondary to pain. There was decreased sensation to pinprick along bilateral C8 and left sided L4 and S1 dermatomal distributions. Treatment has included lumbar epidural with no benefit, 8 sessions of acupuncture with minimal relief, chiropractic therapy with mild relief, and physical therapy with good relief of pain. Utilization review form noncertified right sided L3-S1 facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side L3-S1 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with facet-mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/14/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool, Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.