MAXIMUS Federal Services

Case Number:	CM15-0212067		
Date Assigned:	10/30/2015	Date of Injury:	02/24/2014
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/28/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 2-24-14. The documentation on 8-26-15 noted that the injured worker has complaints of ongoing pain in his lower back. There is focally tenderness at L4-S1 (sacroiliac); marked limitation with range of motion and more pain on extension than on flexion. Lumbar spine range of motion is decreased. Magnetic resonance imaging (MRI) of the lumbar spine was reviewed demonstrated disc desiccation at L4-L5, L5-S1 (sacroiliac), facet arthropathy L4-S1 (sacroiliac) as well as foraminal stenosis L4 -S1 (sacroiliac) and there is evidence of minimal anterolisthesis at theL5-S1 (sacroiliac) level, which appears to be degenerative type. The diagnoses have included cervical sprain and strain; bilateral knee patellofemoral pain syndrome; lumbar spondylosis L4-S1 (sacroiliac) with spondylolisthesis L5-S1 (sacroiliac) and bilateral hand sprain, chronic. Treatment to date has included injections to foot and knee and status post right shoulder arthroscopy. The original utilization review (10-5-15) non-certified the request for L4-L5, L5-S1 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 Facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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, Facet joint diagnostic blocks.

Decision rationale: The California MTUS does not recommend blocks in cases of low back pain. The ODG provides another preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for two levels of blocks based on the guidelines and lack of convincing clinical exam findings to definitively support facet syndrome as the cause of the patient's pain. Overall, this reviewer is in agreement with the utilization reviewer that the overall physical exam findings are not entirely consistent with the facet pathology as the definitive cause of the patient's pain. If the request is to be considered as a diagnostic modality (which may, in fact, be appropriate), more detailed exam findings in support of the request should be provided. At this time, therefore, the request is not medically necessary.