

Case Number:	CM15-0031564		
Date Assigned:	02/24/2015	Date of Injury:	11/22/2008
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 71 year old, male patient, who sustained an industrial injury on 11/22/2008. A follow up spine visit dated 10/30/2014 reported subjective complaint of having an overall increase in pain on a daily basis while walking; primarily to the right buttock/low back region. The pain is rated a 6-7 out of 10 in intensity and reported leg swelling. Objective findings showed patient walks with a crouched gait and a cane in the right hand, Bilateral lower extremities with redness and two plus pitting edema. He is found with a positive extension jog and positive paraspinous muscle spasms. The impression noted left L3-4 herniated disc, severe spinal stenosis, and L3 and L4 compression; L3-S1 facet disease; greatest at L5-S1 and L4-5 bilateral disc herniation. The patient is recommended to undergo facet injections at L5-S1 bilaterally. A request was made for 1 lumbar facet joint block at L5-S1. On 02/09/2015, the Utilization Review non-certified the request, noting the ODG, Low Back, Thoracic/Lumbar, Acute/Chronic was cited. On 02/19/2015, the injured worker submitted an application for independent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar facet joint block L5-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 (lumbar and thoracic) (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, facet joint signs and symptoms.

Decision rationale: Based on the 10/30/14 progress report, the patient presents with having an overall increase in pain on a daily basis while walking, primarily to the right buttock/low back region. The pain is rated a 6-7 out of 10 in intensity and reported leg swelling. The request is for LUMBAR FACET JOINT BLOCK L5-S1. Patient's diagnosis includes left L3-4 herniated disc, severe spinal stenosis, and L3 and L4 compression; L3-S1 facet disease; greatest at L5-S1 and L4-5 bilateral disc herniation. Physical examination to the lumbar spine revealed tenderness to palpation. Range of motion was decreased, especially on extension 10 degrees. The patient's work status is unavailable. ODG-TWC, L-spine chapter under facet joint signs and symptoms: "Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee." Treater has not provided a reason for request. Per treater report dated 06/10/14 treater states, "The patient has had physical therapy and has had epidural steroids x 1 for his back with very little relief. The pain is increased by walking and bending the wrong way." ODG supports facet diagnostic injections for paravertebral tenderness over the facet region, and absent radicular findings. This patient has a diagnosis of radiculopathy for which ESI was done. Exam does not show facet joint tenderness and evaluation of facet joints is not supported. The request IS NOT medically necessary.