

Case Number:	CM15-0034047		
Date Assigned:	02/27/2015	Date of Injury:	09/24/2012
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 59-year-old male, who sustained an industrial injury on 9/24/12. He has reported mid and lower back injury. The diagnoses have included lumbar disc disease, chronic discogenic pain at L4-5 and L5-S1 and hypertrophic facet disease. Treatment to date has included epidural injections, oral pain medications, electrical nerve stimulation and home exercise program. (CT) computerized tomography myelogram performed on 11/14/13 revealed protrusion of discs at L1-2 and L2-3, L3-5 and nerve impingement at L4-5 and L5-S1 multilevel foraminal stenosis is also noted. Currently, the injured worker complains of back pain. On physical exam dated 1/12/15, limited range of motion is noted in lumbar spine with severe pain radiating across hips. On 2/4/15 Utilization Review non-certified left L4-5 and L5-S1 facet blocks followed by right L4-5 and L5-S1 facet blocks, noting they are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; there are clear signs of radiculopathy noted. The MTUS, ACOEM Guidelines and ODG were cited. On 2/11/15, the injured worker submitted an application for IMR for review of left L4-5 and L5-S1 facet blocks followed by right L4-5 and L5-S1 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 facet blocks, followed by right L4-L5 and L5-S1 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back, section on diagnostic facet blocks: Low back, section on Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Based on progress report provided by the treating physician dated 12/15/14, this patient presents with back pain, left > right. The treater has asked for LEFT L4-5 AND L5-S1 FACET BLOCKS, FOLLOWED BY RIGHT L4-5 AND L5-S1 FACET BLOCKS on 12/15/14. The request for authorization was not included in provided reports. The 12/15/14 report states the patient has not had prior lumbar surgery. Review of the reports do not show any evidence of a diagnostic facet evaluation being done in the past. The patient was treated with epidurals in 2006 with good results, but this current pain is different it is higher and goes more into his upper lumbar area, right across his back like a band per 11/19/14 report. A physical exam on 12/15/14 report showed positive straight leg raise bilaterally. A CT myelogram on 11/14/13 showed broad-based protrusion of discs at L1-2 and L2-3. At L3-4, broad-based bulge was noted with borderline bilateral foraminal stenosis but at L4-5, there is definite nerve root impingement on the L5 nerve root. L4-5 and L5-S1 had also foraminal narrowing with nerve root impingement. Multilevel variable foraminal stenosis was seen throughout the spine, but the worst is seen at L5-S1 with definite nerve compression at L4-5 per 10/17/14 report. The patient is on modified duty per 12/15/14 report. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. In this case, the patient has chronic back pain and has failed conservative treatment. However, the treater fails to document facet tenderness upon palpation on examination, a requirement per ODG guidelines. Furthermore, the patient has a positive straight leg raise during physical exam suggestive of radicular symptoms. Facet diagnostic evaluations are not indicated when radicular symptoms are present. The request IS NOT medically necessary.