

Case Number:	CM15-0035849		
Date Assigned:	03/04/2015	Date of Injury:	08/28/2010
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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 64 year old male who sustained an industrial injury on 8/28/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included lumbar stenosis with neurogenic claudication and lumbar facet arthropathy. Treatments to date include oral pain medications, physical therapy, and acupuncture treatment. In a progress note dated 2/5/15 the treating provider reports the injured worker was with "back pain with radiation to the lower extremities, buttocks, thighs and calves..." On 2/24/15 Utilization Review non-certified the request for a right lumbar L4-L5 facet injection and a left lumbar L4-L5 facet injection. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right, lumbar L4-L5 facet injection: Overturned

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 chapter.

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 medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: The patient presents with back pain radiating to lower extremities, buttocks, thighs and calves. The request is for RIGHT LUMBAR L4-L5 FACET INJECTION. The request for authorization is dated 02/22/15. The back pain is 80% and the lower extremity symptoms are 20%. MRI of the lumbar spine 10/27/14, shows multilevel degenerative disk disease, mild to moderate central canal stenosis at levels L2-3 and L4-5, and moderate right neural foraminal narrowing at L3-4. Lumbosacral spine range of motion is decreased. Straight leg raise is negative bilaterally. She has had multiple treatments in the past, including acupuncture, physical therapy, chiropractic treatments and pain medications. Patient's medications include Norco, Neurontin and Colace. The patient is "Medically retired." 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. Per progress report dated 02/05/15, treater's reason for the request is "for both diagnostic and therapeutic purposes." In this case, the patient suffers from non-radicular low back pain. Per progress report dated, 02/05/15, treater states, "The back pain is 80% and the lower extremity symptoms are 20%." Per progress report dated, 01/30/15, physical examination of the lumbosacral spine reveals tenderness to palpation and decreased range of motion. Straight leg raise is negative bilaterally. The request appears to be reasonable and in line with guideline recommendations. Therefore, the request IS medically necessary.

Left, lumbar L4-L5 facet injection: Overturned

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 chapter.

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 medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: The patient presents with back pain radiating to lower extremities, buttocks, thighs and calves. The request is for LEFT LUMBAR L4-L5 FACET INJECTION. The request for authorization is dated 02/22/15. The back pain is 80% and the lower extremity symptoms are 20%. MRI of the lumbar spine 10/27/14, shows multilevel degenerative disk disease, mild to moderate central canal stenosis at levels L2-3 and L4-5, and moderate right neural foraminal narrowing at L3-4. Lumbosacral spine range of motion is decreased. Straight leg raise is negative bilaterally. She has had multiple treatments in the past, including acupuncture, physical therapy, chiropractic treatments and pain medications. Patient's medications include Norco, Neurontin and Colace. The patient is "Medically retired." 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-

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