

Case Number:	CM15-0036305		
Date Assigned:	03/04/2015	Date of Injury:	02/26/2014
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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 58-year-old male who sustained an industrial injury on 02/26/14. He reports low back pain with intermittent numbness and weakness in the lower legs as well as right foot pain. Diagnoses include Lumbar radiculopathy wL5-S1, right side herniated lumbar disc L4-S1, status post 3 lumbar ESIs. Treatments to date include medication, physical therapy, and lumbar ESIs. In a progress note dated 01/05/15, the treating provider recommends facet blocks at L4-S1. On 02/10/15 Utilization Review non-certified the lumbar facet blocks, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet blocks at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic facet joint injections.

Decision rationale: The injured worker is being treated for chronic low back pain diagnosed as degenerative disc disease with complaints of back spasms. MRI report dated 5/21/14 concludes evidence of multilevel facet arthropathy, disc degeneration at L2-3 and L5-S1 and no evidence of central canal narrowing. An incomplete electrodiagnostic test dated 7/28/14, reports evidence of chronic right L5 nerve root injury. Records indicate 3 lumbar epidural steroid injections were performed without significant improvement in the past. Neurologic exam is noted to be normal. Lumbar spine exam is noted to have limited range of motion secondary to pain with paraspinal muscle spasms especially on the right. Request for lumbar facet blocks at L4-5 and L5-S1 was declared as not medically necessary by utilization review because of evidence of positive subjective and objective radicular findings on exam. However, the available medical records do not support unequivocal diagnosis of lumbar radiculopathy: there is an incomplete electrodiagnostic test without EMG results, and a lumbar MRI which did not show evidence of nerve root impingement. Further, records indicate that the planned lumbar facet blocks are intended to be diagnostic with anticipated subsequent facet rhizotomy if indicated. In conclusion, the request complies with ODG guidelines for lumbar facet blocks and is therefore medically necessary.