

Case Number:	CM15-0048018		
Date Assigned:	03/20/2015	Date of Injury:	09/08/2000
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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 73-year-old male who sustained an industrial injury on 09/08/00. Initial complaints and diagnoses are not available. Treatments to date include medications and a L4-5 Epidural Steroid Injection (EIS). Diagnostic studies include a MRI. Current complaints include low back pain. In a progress note dated 01/30/15 the treating provider reports the plan of care as a bilateral facet block at L5-S1 and possibly surgical stabilization at L5-S1, and consider a L4-5 facet block, with a repeat MRI and lumbar x-rays. The requested treatment is a bilateral facet block at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block bilateral L4-L5 to include medication (methylprednisolone acetate), x-ray interpretation and C-arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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.

Decision rationale: The 73-year-old patient complains of low back pain, and has been diagnosed with facet mediated pain with degenerative disc disease, as per progress report dated 01/30/15. The request is for LUMBAR FACET BLOCK BILATERAL L4-L5 TO INCLUDE MEDICATION (METHYL PREDNISOLONE ACETATE) X-RAY INTERPRETATION AND C-ARM. The RFA for the case is dated 02/05/15, and the patient's date of injury is 09/08/00. The patient is status post 1st right knee surgery in 1993, 2nd right knee surgery in 2002, left rotator cuff repair in 1997, and right shoulder impingement syndrome surgery in 2002, as per progress report dated 11/18/14. The pain is rated at 7-10/10, as per progress report dated 11/07/14. MRI of the lumbar spine, dated 09/09/14, revealed multilevel degenerative disc disease, bilateral neural foraminal narrowing at L4-5, and bilateral lateral recess narrowing at L3-4 and L4-5. 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, a request for facet block is noted in progress report dated 09/17/14. In the report, the treating physician states that the patient has had radio-frequency ablation at L4-5 and L5-S1 "approximately one-and-half, years ago which did provide some improvement for two days." The physician also requested for a facet block with steroid injection to L4-5 "to see if this provides him any relief." In a subsequent report dated 01/30/15, the treating physician is requesting for facet block at L5-S1. The physician states that "We will consider block at L4-L5 facet after the block at L5-S1." The RFA dated 02/05/15, however, states that the block is to be performed at L4-L5. It is not clear if the patient has already received the block at L5-S1 as requested in progress report dated 01/30/15. There is no documentation of its efficacy. The reports lack information required to make a determination based on the ODG. Hence, the request IS NOT medically necessary.