

Case Number:	CM15-0080776		
Date Assigned:	05/01/2015	Date of Injury:	09/04/2000
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained an industrial injury on 09/04/2000. Current diagnoses include status post hardware removal L3-L4, posterior spinal fusion L4-L5, XLIF procedure L4-L5 as well as removal of dorsal column stimulator (01/30/2014), and probable left sided sacroiliitis. Previous treatments included medication management, lumbar fusion, therapeutic exercises, ice/heat application, and physical therapy. Previous diagnostic studies include x-ray of the lumbar spine, MRI, CT scan. Report dated 03/30/2015 noted that the injured worker presented for follow up evaluation. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation for facet block based on the location of his pain and follow up in 6 weeks. Disputed treatments include facet block at L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

One facet block at L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. Treatments have included a lumbar fusion and hardware removal. When seen, no subjective complaints are reported. Prior notes reference radiating pain into the lower extremities with numbness, burning, tingling, and weakness. Physical examination findings are reported as multilevel areas of tenderness. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting both lower extremities. When requested, there was no physical examination findings reported that would support a diagnosis of facet-mediated pain. Therefore, the requested facet block was not medically necessary.