

Case Number:	CM15-0081443		
Date Assigned:	05/04/2015	Date of Injury:	06/12/2009
Decision Date:	06/16/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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 46 year old female, who sustained an industrial injury on 6/12/09. She has reported initial complaints of a low back injury after lifting and carrying boxes of medical records weighing approximately 25 pounds she experienced pain in the neck, low back and right shoulder. The diagnoses have included cervical myelopathy, cervical disc bulge, low back pain, lumbar myelopathy, and lumbar disc bulge. Treatment to date has included medications, activity modifications, x-rays, shoulder sling, right shoulder surgery in 2010, physical therapy with no benefit, epidural steroid injection (ESI) and psychiatric care. The current medications included Xanax, Gabapentin, Bupropion, Fluoxetine, Hydrocodone, Omeprazole, Tizanidine, and Trazadone. Currently, as per the physician progress note dated 4/1/15, the injured worker complains of right shoulder pain status post arthroscopy with low back pain and radicular symptoms. It is noted by the physician that she is status post cervical and lumbar epidural steroid injection (ESI). The documentation within the submitted medical record is difficult to decipher. The urine drug screen dated 2/24/15 was consistent with medications prescribed. There was no recent diagnostics submitted with the records. Per record dated 3/5/15, x-rays of the lumbar spine revealed evidence of mild degenerative disc disease (DDD) with mild left sided facet arthrosis at L3-4 and L4-5. Recommendation was facet blocks and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities. Work status was to remain off work. The physician requested treatments included Left facet block L3-L4 and L5-L6 quantity of 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left facet block L3-L4 and L5-L6 Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 Chapter, Facet joint diagnostic blocks.

Decision rationale: Per the 04/01/15 progress report by the requesting physician, the patient presents with lower back pain with cervical spine radicular symptoms. Her listed diagnoses include: Lumbar myelopathy and Lumbar disc bulge. The current request is for LEFT FACET BLOCK L3-4 AND L5-6 QTY 2. The RFA is not included. The patient is Temporarily Totally Disabled. ODG, Low Back Chapter, Facet joint diagnostic blocks guidelines 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 and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Progress reports provided by the requesting physician, [REDACTED] Pain Management, are handwritten and partially illegible. The 03/05/15 report by [REDACTED] states the patient has lower back pain with negative straight leg raise. No radicular symptoms to the lower extremities are reported. X-rays of the lumbar spine are referenced showing evidence of mild DDD with moderate left sided facet arthrosis. The patient was referred to pain management for consideration of left sided L3-4 and 4-5 facet blocks. In this case, the reports provided for review show no clinical evidence of paravertebral tenderness to support facet pathology. The request IS NOT medically necessary.