

Case Number:	CM15-0082583		
Date Assigned:	05/05/2015	Date of Injury:	02/17/2014
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 32-year-old male, with a reported date of injury of 02/17/2014. The diagnoses include lumbar disc displacement with myelopathy, lumbar myoligamentous sprain/strain, posterior disc protrusion with degeneration at L4-5, and disc protrusion with anterolisthesis and facet arthropathy at L5-S1. Treatments to date have included an acupuncture, PT and oral medications. The MRI of the lumbar spine on 07/23/2014 showed multilevel degenerative disc disease, disc bulges and facet arthropathy. There was contact with bilateral L5 nerve roots. The pain management consultation dated 03/25/2015 indicates that the injured worker complained of low back pain, with radiating pain, numbness/tingling in the buttocks and legs. He rated his pain 4-6 out of 10. He was only able to sit for 25-30 minutes, and can only walk for 20-30 minutes before he had to stop due to pain. The injured worker was no longer able to perform many of the activities that he had in the past. The pain interfered with his ability to sleep well at night and he was awakened due to the pain. The physical examination showed tenderness in the lumbar paravertebral musculature, tenderness at the L4-5 and L5-S1 facets on the right as well as the right sacroiliac joint, decreased lumbar range of motion, positive facet loading test on the right and negative bilateral straight leg raise test. The Kemp, Yeoman and Hibb tests were positive. The medications listed are Ultram, Naprosyn and Flexeril. The treating physician requested a lumbar diagnostic facet block under C-arm fluoroscopy at the L4-5, and L5-S1 levels to find the pain generator on the right side of the back. The IW was also referred to Pain Management for lumbar epidural steroid injections. On 04/21/2015, Utilization Review denied the request for a lumbar diagnostic facet block under C-arm fluoroscopy at the L4-5, and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Diagnostic Facet Block Under C-Arm Fluoroscopy At L4-5, L5-S1 Level is A Medial Branches on The Right and Right Sacroiliac Joint Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the severe low back pain when conservative treatments with medications and PT have failed. The lumbar facet injection is indicated for non discogenic radicular pain when with positive facet findings. The records show that the patient had subjective and radiological findings consistent with lumbar radiculopathy. There are also objective findings of SI joints pain. There is a pending referral for lumbar epidural steroid injections. The criteria for lumbar facet median branch block injection was not met, therefore the request is not medically necessary.