

Case Number:	CM14-0004641		
Date Assigned:	01/24/2014	Date of Injury:	10/24/1997
Decision Date:	06/10/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Physical Therapy and Rehabilitation as well as Pain Medicine and is licensed to practice in New York and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year-old male who sustained an injury to his low back on 10/24/97 while working as a police officer. The mechanism of injury was not documented. It was reported that the patient does have persistent back pain predominantly from multi-level degenerative disc disease. The injured worker had demonstrated pathology on discogram years ago. A clinical note dated 01/29/13 reported that the patient does not do regular back exercises. A physical therapy initial evaluation note dated 02/13/13 reported that the injured worker began a 6 visit trial of physical therapy for the lumbar spine that provided good benefit. The clinical note dated 07/29/13 reported that the injured worker fractured his 5th metatarsal on the right foot a few months prior and is wearing a long boot. The injured worker noted that due to this, he has altered gait and it is aggravating his low back symptoms. The injured worker reported his pain at 3/10 VAS with medications. Medications included Cyclobenzaprine, Relafen, Pantoprazole and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL LUMBAR FACET NERVE BLOCK L4, L5, S1 LEVELS,
FLOUROSCOPIC GUIDANCE:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW

BACK CHAPTER, UPDATED 12/27/13, FACET JOINT PAIN, SIGNS AND SYMPTOMS:
DIAGNOSTIC BLOCKS.

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 (INJECTIONS).

Decision rationale: The request for bilateral lumbar facet nerve blocks at L4-5 and L5-S1 under fluoroscopic guidance is not medically necessary. The previous request was denied on the basis that the short course of physical therapy had helped significantly in the past when the injured worker's back pain flares occurred; therefore, proceeding to a facet block at this time would not be supported. It was not stated how much of the pain appeared to be discogenic, as per reported discogram results that were not provided for review. It was noted that this would be important information to support a change in treatment course. There was no recent detailed physical examination of the lumbosacral spine that would identify any potential facet-mediated pain generators. Given the clinical documentation submitted for review, medical necessity of the request for bilateral lumbar facet nerve blocks at L4-5 and L5-S1 levels with fluoroscopic guidance has not been established. Request is non certified.