

Case Number:	CM14-0118419		
Date Assigned:	08/25/2014	Date of Injury:	07/26/2013
Decision Date:	09/26/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 59 year old male who reported an injury on 07/26/2013; the mechanism of injury was a fall. Diagnoses included recurrent left low back pain secondary to lumbar degenerative disc disease and lumbar facet arthropathy, and lumbar neuroforaminal stenosis with nerve root impingement. Past treatments included epidural steroid injection, chiropractic care, and home exercise program. Past diagnostics included and MRI of the lumbar spine on 01/06/2014, which revealed L4-5 disc bulge, facet arthropathy, neuroforaminal stenosis, and nerve root compression, and L2-3 and L3-4 facet arthropathy with neuroforaminal stenosis. Surgical history included left knee arthroscopy on 03/18/2014. The clinical note dated 05/27/2014 indicated the injured worker complained of pain in the low back, rated 5-7/10. Physical exam findings revealed palpation of the lumbar paraspinal muscle caused moderate tenderness in the left lower lumbar area. The straight leg raise was negative, sensation was intact, and muscle strength was 5/5 for the bilateral lower extremities. The injured worker was not currently taking medications. The treatment plan included left L3-4, L4-5, and L5-S1 facet block; the rationale for treatment was pain relief. The request for authorization form was submitted on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5, L5-S1 Facet Block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back and Chronic Pain treatment guidelines.

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, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The request for left L3-4, L4-5 and L5-S1 facet block is not medically necessary. The injured worker complained of low back pain and tenderness to palpation. The Official Disability Guidelines recommend no more than one therapeutic intra-articular block. Criteria for use include no more than two joint levels may be blocked at one time, and there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The documentation does provide evidence that the injured worker had low back pain without signs or symptoms of radiculopathy. However the request includes three joint levels for the facet block. There is a lack of documentation indicating the injured worker has significant physical examination findings indicative of facetogenic pain to the specific levels requested. Therefore the request for left L3-4, L4-5 and L5-S1 facet block is considered not medically necessary.