

Case Number:	CM14-0176843		
Date Assigned:	10/30/2014	Date of Injury:	08/03/2009
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 California. 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 63-year-old male who reported an injury on 08/03/2009. The mechanism of injury was not provided. The injured worker's diagnoses included right shoulder rotator cuff tear, left shoulder AC joint separation, cervical strain, cervical disc degeneration, right long finger MCP degenerative joint disease, grade 2 spondylolisthesis L5-S1, L4 through S1 disc degeneration, intermittent lumbar radiculopathy, and right knee patellofemoral degenerative joint disease. The injured worker's diagnostic testing included an official CT myelogram of the lumbar spine performed on 07/29/2014, which indicated severe bilateral neural foraminal stenosis at L5-S1 and disc bulge with mild bilateral neural foraminal stenosis at L4-5. The injured worker's surgical history included status post rotator cuff repair. In the clinical note dated 10/27/2014, the injured worker complained of low back pain rated 5/10 to 6/10 with medication and 7/10 to 8/10 without medication. The injured worker had decreased sensation over the right S1 dermatome distribution. Range of motion was 48 degrees of flexion and 14 degrees of extension. The injured worker had a negative straight leg raise test bilaterally. The injured worker's medications included Norco 10/325 mg and Zanaflex 4 mg. The request was for diagnostic facet blocks of L4-5 and L5-S1. The rationale for the request was to diagnose the injured worker's pain generator. The Request for Authorization was submitted for review on 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet blocks of L4-5, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic), Facet Joint Diagnostic Blocks (injections)

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 diagnostic blocks.

Decision rationale: The request for diagnostic facet blocks of L4-5, qty: 1 is medically necessary. The injured worker is diagnosed with grade 2 spondylolisthesis L5-S1, L4 through S1 disc degeneration, and intermittent lumbar radiculopathy. The Official Disability Guidelines' criteria for diagnostic blocks for facet mediated pain state that 1 set of diagnostic medial branch blocks is required with a response of greater than 70% pain response lasting at least 2 hours for lidocaine. The treatment is limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, PT, and NSAIDs, prior to the procedure for at least 4 to 6 weeks. 2 facet joint levels may be injected in 1 session. The injured worker has documentation of a CT scan of the lumbar spine showing evidence of facet arthropathy at L4-5 and L5-S1 with grade 2 anterolisthesis. The injured worker's physical examination indicated painful and limited range of motion with positive facet loading and ongoing tenderness overlying the facet joints at L4-5 and L5-S1. The requesting physician's rationale for the diagnostic facet joint blocks was to diagnose the injured worker's pain generator. The injured worker has documentation of physical therapy and medication usage for the last 4 to 6 weeks. As such, the request for diagnostic facet blocks of L4-5, qty: 1 is medically necessary.

Diagnostic facet blocks of L5-S1, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic), Facet Joint Diagnostic Blocks (injections)

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 diagnostic blocks.

Decision rationale: The request for diagnostic facet blocks of L5-S1, qty: 1 is medically necessary. The injured worker is diagnosed with grade 2 spondylolisthesis L5-S1, L4 through S1 disc degeneration, and intermittent lumbar radiculopathy. The Official Disability Guidelines' criteria for diagnostic blocks for facet mediated pain state that 1 set of diagnostic medial branch blocks is required with a response of greater than 70% pain response lasting at least 2 hours for lidocaine. The treatment is limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, PT, and NSAIDs, prior to the procedure for at least 4 to 6 weeks. 2 facet joint levels may be injected in 1 session. The injured worker has documentation of a CT

scan of the lumbar spine showing evidence of facet arthropathy at L4-5 and L5-S1 with grade 2 anterolisthesis. The injured worker's physical examination indicated painful and limited range of motion with positive facet loading and ongoing tenderness overlying the facet joints at L4-5 and L5-S1. The requesting physician's rationale for the diagnostic facet joint blocks was to diagnose the injured worker's pain generator. The injured worker has documentation of physical therapy and medication usage for the last 4 to 6 weeks. As such, the request for diagnostic facet blocks of L5-S1, qty: 1 is medically necessary.