

Case Number:	CM14-0199366		
Date Assigned:	12/09/2014	Date of Injury:	10/07/2008
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 (IW) is a 33-year-old woman with a date of injury of October 7, 2008. The mechanism of injury was a falling cabinet. The injured worker's current working diagnoses are cervicogenic headaches; cervical, thoracic and lumbar chronic strains; muscle spasms; chronic pain; insomnia; GI distress; depression with anxiety; right shoulder impingement, status post right shoulder arthroscopic subacromial decompression for impingement with adhesive capsulitis on December 16, 2013. In this case, the documentation is limited to a single agreed medical examination performed on October 9, 2014. There are no treating physician notes in the medical record. There are no treating physician progress notes in the medical record. The current complaints on page 7 of the AME indicate bilateral lumbar pain at L4, L5, S1 with numbness and tingling in the L5 - S1 distribution of the sacrum pain and numbness in the right foot. Sensation and neurologic evaluation were intact in the upper and lower dermatomes. The current request is for bilateral lumbar facet nerve block at L4-L5, and L5-S1. The records are absent the treating physician's clinical documentation with indication(s) and rationale(s) for bilateral lumbar facet nerve blocks.

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, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Bilateral Lumbar Facet Nerve Block

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lumbar facet nerve block L4 - L5 and L5 - S1 are not medically necessary. The guidelines enumerate the criteria for use of diagnostic blocks for facet "mediated" pain. These criteria include, but are not limited to, patients with low back pain that is non-radicular and at no more than two levels bilaterally; documentation of failed conservative treatment prior to the procedure for at least 4 to 6 weeks; etc. See guidelines for additional details. In this case, the documentation is limited to a single agreed medical examination (AME) performed on October 9, 2014. There are no treating physician notes in the medical record. The current complaints on page 7 of the AME indicate bilateral lumbar pain at L4, L5, S1 with numbness and tingling in the L5 - S1 distribution of the sacrum pain and numbness in the right foot. Sensation and neurologic evaluation were intact in the upper and lower dermatomes. The injured workers working diagnoses are cervicogenic headaches; cervical, thoracic and lumbar chronic strains; muscle spasms; chronic pain; insomnia and G.I. distress; Depression with anxiety; and right shoulder impingement status post December 16, 2013, arthroscopic right shoulder subacromial decompression for impingement with adhesive capsulitis. There is no documentation from the treating physician indicating clinical rationale or clinical indication for the lumbar facet nerve blocks at L4 - L5 and L5 - S1. Additionally, there are symptoms at the lumbar spine that are radicular in nature, radiating into the lower extremity on the right. Consequently, absent are the treating physician's clinical documentation with indication(s) and rationale(s) for bilateral lumbar facet nerve blocks, and the presence of radicular symptoms into the lower extremities. As such, the request for bilateral lumbar facet nerve block L4 - L5 and L5 - S1 are not medically necessary.