

Case Number:	CM14-0210801		
Date Assigned:	12/23/2014	Date of Injury:	10/06/1998
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 63 year old female injured worker suffered an industrial injury on 10/6/1998. The diagnoses were severe facet spondylosis of the lumbar spine with left lower extremity pain and chronic sprain of the left ankle. The provider visit on 12/2/2014 the injured worker reported low back pain with bilateral lower extremities pain. There were associated occasional numbness and tingling sensations. The exam revealed gait impairment and restricted range of motion of the lumbar spine. There was marked tenderness to palpation over the lumbar spine and SI joints. The straight leg raising test and the sensory tests of the lower extremities was not significantly abnormal. The medications listed are Wellbutrin, Lyrica, Lodine, Ranitidine and Norco. The radiological report of the lumbar spine was noted to show multilevel degenerative disc disease, facet arthropathy and spondylosis and spondylolisthesis at L4-L5. The patient is considering surgery if interventional pain procedures is non beneficial. The UR decision on 12/15/2014 non-certified the request for L3-4, L4-5, L5-S1 as it was cited that the guidelines only recommend facet injection blocks after there is failure of conservative treatments. The patient completed PT and anti-inflammatory medications for many years since the injury. The guidelines only recommend facet injection blocks after there is failure of conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block L3-4, L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back. Facet Median Branch Blocks

Decision rationale: The CA MTUS did not address the use of lumbar facet median branch blocks for the treatment of low back pain. The ODG guidelines recommend that lumbar facet median branch blocks can be utilized in the treatment of low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the patient have completed and failed years of conservative treatments. There are subjective, objective and radiological findings consistent with lumbar facet syndrome. The absence of objective and radiological findings consistent with neurological deficits have excluded the presence of radiculopathy. A trial of interventional pain procedures with facet injections is being considered before major surgical options. The criteria for L3-4, L4-5, L5-S1 lumbar facet median branch blocks was met.