

Case Number:	CM15-0008577		
Date Assigned:	01/26/2015	Date of Injury:	04/06/2000
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 04/06/2000. On 06/12/2014, he presented for a followup evaluation reporting low back pain that radiated down to both legs and knees. He rated his pain at a 6/10 to 8/10. A physical examination showed positive spasm, positive numbness and tingling, and limitation of movement. He ambulated with a 4 point cane and there was pain and stiffness in the lumbar spine and paraspinal muscles. He also continued to have numbness and decreased sensation to the anterior thighs. His medications included Neurontin, Ambien, Norco, and Flexeril. He was diagnosed with postlaminectomy syndrome, unilateral inguinal hernia chronic stable, and chronic pain syndrome unstable. The treatment plan was for bilateral facet blocks at the L3-4, L4-5, and L5-S1. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Blocks L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Web 2014 "Low Back"

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 Injections.

Decision rationale: According to the Official Disability Guidelines, facet joint injections should only be performed if there is anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The injured worker's symptoms should also be consistent with facet joint pain signs and symptoms, and there should be documentation of failure of conservative treatment for at least 4 to 6 weeks prior to the procedure. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has tried and failed the recommended conservative therapy options to support the requested intervention. Also, there was no mention for plans for a facet neurotomy if the injections were successful. Furthermore, the injured worker's symptoms appear to be consistent with possible radiculopathy. Therefore, the request is not supported. As such, the request is not medically necessary.