

Case Number:	CM15-0100473		
Date Assigned:	06/02/2015	Date of Injury:	10/18/2013
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 61 year old male who reported an industrial injury on 10/18/2013. His diagnoses, and/or impressions, are noted to include: lumbosacral spondylolisthesis, spondylotic type; and broad-based lumbosacral protrusion with facet arthrosis; and chronic lumbar strain with lumbar facet hypertrophy and radiculopathy. No current electrodiagnostic studies or imaging studies are noted. His treatments have included physical therapy for the lumbar spine; pain medicine evaluation; medication management; and rest from work. The initial pain medicine evaluation report of 4/23/2015 noted complaints of constant pain, swelling, popping and clicking in her right knee, increased with activities, and of it giving-way; no lumbar spine complaints were noted. The objective findings were noted to include mild-moderate distress from pain; trigger points in the bilateral lumbar para-spinous and buttocks musculature, with decreased range-of-motion and referred pain in the buttocks and upper thighs; and equivocal bilateral straight leg raise test. The physician's requests for treatments were noted to include bilateral lumbosacral facet block injections to address his radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 Facet block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Facet injections page 860.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L4-5, L5-S1 Facet block is not medically necessary and appropriate.