

Case Number:	CM15-0010509		
Date Assigned:	01/28/2015	Date of Injury:	03/27/2014
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/19/2015

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 46 year old male who suffered a work related injury on 03/27/14. Per the physician noted from 12/07/14, he complains of low back pain. Diagnoses include lumbar facet arthropathy and lumbar radiculopathy. The treatment plan includes lumbar facet medial branch blocks. On 12/17/14 the Claims Administrator non-certified the requested treatment, citing ACOEM guidelines. The non-certified treatments were subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Medial Branch Blocks At Right L3-5 x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ESI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation low back chapter, diagnostic facet blocks

Decision rationale: This patient presents with lower back pain with numbness going down right leg/foot. The treater has asked for LUMBAR FACET MEDIAL BRANCH BLOCKS AT RIGHT L3-5 X 1 on 12/9/14. An MRI of the lumbar from 10/29/14 showed "posterior disc bulges of 2mm each from L2-3 through L4-5 and 2 to 3mm at L5-S1. Neural foraminal narrowing which is mild to moderate both on the left at L4-5 and on the right at L5-S1." Physical examination on 12/9/14 showed "range of motion shows flexion has complains of end range pain. Lumbar facet compression test caused him to report concordant primary pain in the low back referred into the buttocks and thighs. Lasegue's neurotension test was positive for report of radiating pain down the right leg in a concordant secondary fashion." Regarding facet diagnostic evaluations, ACOEM p 300,301 supports it and ODG recommends it for non-radicular back pain with positive facet joint findings on examination. In this case, the patient has lower back pain with right lower extremity symptoms. The request is for a right-sided medial branch block at L3-4, and L4-5. Examination showed positive facet joint loading but also showed nerve root tension signs consistent with radiculopathy. The patient has significant radiating pain down the leg for which the ODG guidelines do not support a facet joint evaluation. The request IS NOT medically necessary.