

Case Number:	CM15-0012183		
Date Assigned:	02/02/2015	Date of Injury:	10/05/2011
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old male sustained a work-related injury on 10/5/2011. The specific injury and its cause were not included in the documentation reviewed. The progress notes dated 10/5/2014 state his diagnosis is lumbar herniated disc. He reports significant back pain; he does concrete work. Previous treatments included Tramadol, Norco, Flexeril, TENS and spinal fusion. The treating provider requests facet blocks L4-S1, bilateral. The Utilization Review on 01/12/2015 non-certified facet blocks L4-S1, bilateral, citing CA MTUS guidelines for low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block L4-S1, bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The medical records report MRI findings of "the disc at the level of L4-5 looks pretty good, however, the patient does have significant facet arthropathy at the level of L4-5, especially on the left side, which is where the hardware use to be". Physical exam does not clearly demonstrate that the injured worker does not have radicular pain and that the injured worker's symptoms are due to facet joint pain. The injured worker reports significant relief with the use of TENS and medications. A home exercise program is not described, however the injured worker is noted to be working full time in a laborious position, framing concrete. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for facet block L4-S1, bilateral is determined to not be medically necessary.