

Case Number:	CM15-0113718		
Date Assigned:	06/22/2015	Date of Injury:	06/16/2014
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker was a 58 year old male, who sustained an industrial injury, June 16, 2014. The injured worker previously received the following treatments 6 sessions of physical therapy, bilateral transforaminal nerve block at L5-S1 levels and heat therapy. The injured worker was diagnosed with lumbar degenerative disk disease at L4-L5 and L5-S1. According to progress note of April 6, 2015, the injured worker's chief complaint was low back pain. The injured worker had a bilateral transforaminal nerve block at L5-S1 levels in the past with 70% relief for approximately 2-3 months. The physical exam note the injured worker walked with a non-antalgic gait, non-spastic pattern. There was diffuse tenderness at the L4-L5 and L5-S1 levels. There was increased pain with extension past neutral. The injured worker best bend was to 40 degrees. There was increased pain with lateral bending to the left at 54 degrees. The straight leg raises were positive on the left at 90 degrees and negative on the right. There were no major sensory or motor deficits. The treatment plan included one bilateral facet block at the L5-S1 level with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral facet block at L5-S1 level with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Facet joint diagnostic blocks.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for back pain. When seen, he had pain radiating to the upper buttocks. There was pain with extension and bending. There was a normal lower extremity neurological examination. Facet blocks at L5-S1 were requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet maneuvers and has undergone extensive prior conservative treatment including recent physical therapy. However, sedation is also being requested. There is no indication for the use of IV sedation and this request therefore cannot be accepted as being medically necessary.