

Case Number:	CM15-0116222		
Date Assigned:	06/24/2015	Date of Injury:	05/07/2014
Decision Date:	07/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 36 year old male with a May 7, 2014 date of injury. A progress note dated May 11, 2015 documents subjective complaints (5/10 moderate back pain with left leg radicular pain, numbness, and weakness), objective findings (moderate tenderness localized directly over the L3-L4 facet joints in the paraspinal tissues with notable tenderness and spasm; evidence of slightly diminished sensation in the L4 nerve root distribution and somewhat in the L5 on the dorsum of the foot, consistent with radiculopathy; decreased range of motion of the lumbar spine), and current diagnoses (lumbar spondylolisthesis; L3-4 and L4-5 radiculopathy). Treatments to date have included lumbar spine fusion, medications, and magnetic resonance imaging of the lumbar spine (showed still some mild residual stenosis at the L4-5 level; appears solidly fused). The treating physician documented a plan of care that included a facet block for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 facet block for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis - Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet joint diagnostic blocks (injections).

Decision rationale: L3-4 facet block for lumbar spine is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation suggests that the patient has radicular symptoms therefore this request is not medically necessary.