

Case Number:	CM15-0119317		
Date Assigned:	06/29/2015	Date of Injury:	06/27/2014
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This is a 55-year-old male with a June 27, 2014 date of injury. A progress note dated May 13, 2015 documents subjective complaints (lower back pain that radiates down the bilateral lower extremities rated at a level of 8-9/10; neck pain; left shoulder pain), objective findings (palpable tenderness overlying the right facets at approximately L4-S1 and over the right lumbar paravertebral muscles; decreased sensation over the right L5 dermatome distribution; decreased range of motion), and current diagnoses (grade 1 left acromioclavicular separation; cervical strain; lumbar strain with L3-S1 disc degeneration and facet arthropathy; thoracic strain; closed head injury; right knee contusion; left occipital scalp laceration, healed; history of closed left rib fractures; right leg radiculopathy). Treatments to date have included physical therapy, lumbar epidural steroid injection, medications, and imaging studies. The treating physician documented a plan of care that included diagnostic facet blocks to the right L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet blocks at right L4-L5 and L5-S1: Overturned

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), Low Back Chapter, Facet Joints Section.

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 Pain: Facet Injections.

Decision rationale: Diagnostic facet blocks at right L4-5 and L5-S1 is medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with back pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may be clouded indicate the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedure anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. The physical exam did demonstrate facet pain. The MRI of the lumbar spine also demonstrates facet arthropathy and the patient fail to obtain relief with the lumbar epidural steroid injection; therefore, the service is medically necessary.